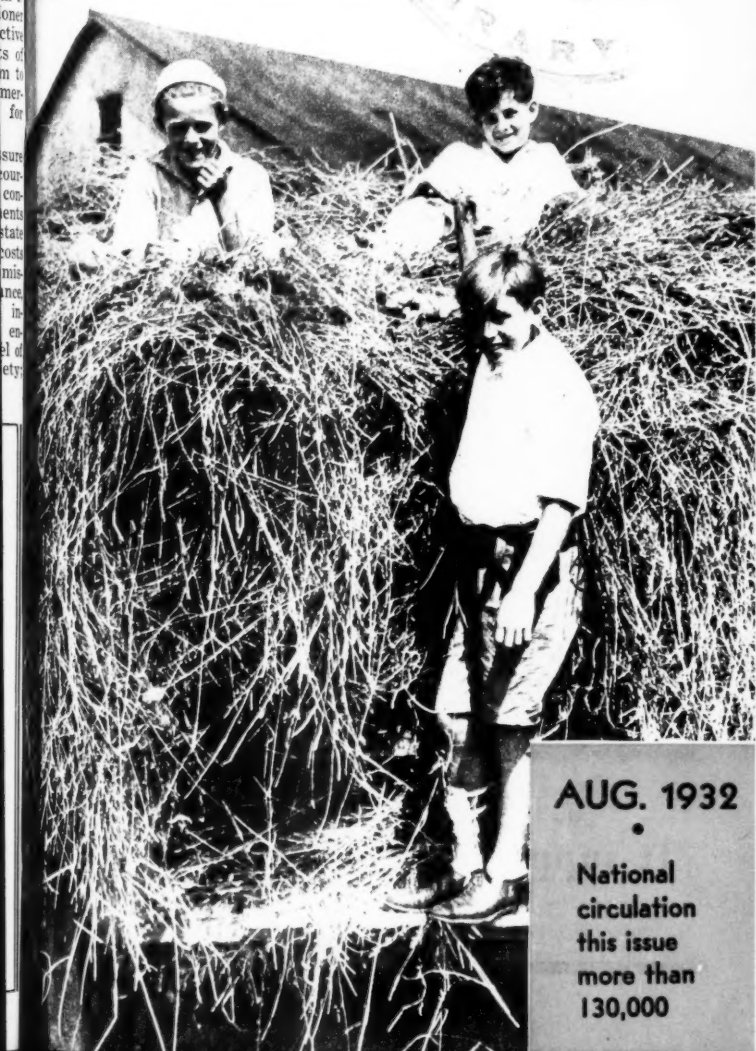


Medical Economics

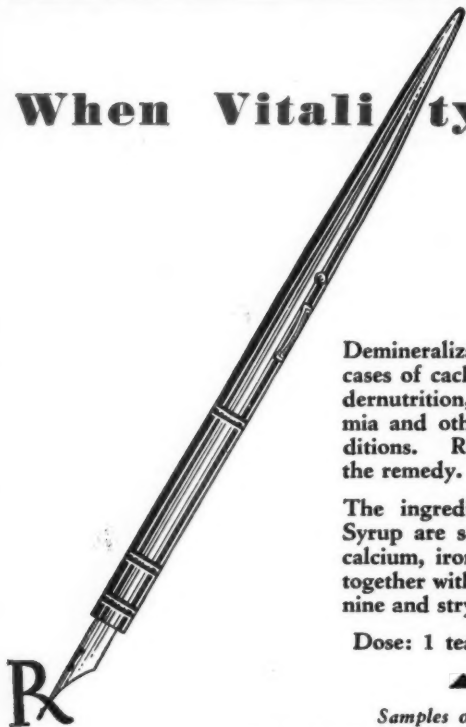
Business Magazine of the Medical Profession



AUG. 1932

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this issue
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130,000**

When Vitality is Low



Demineralization causes many cases of cachexia, debility, undernutrition, neurasthenia, anemia and other run-down conditions. Remineralization is the remedy.

The ingredients of Fellows' Syrup are sodium, potassium, calcium, iron and manganese, together with phosphorus, quinine and strychnine.

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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

AUGUST, 1932 • VOL. 9, No. 11

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H. SHERIDAN BAKETEL, A.M., M.D., Editor
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YSTITIS

IN THE treatment of acute cystitis, copious applications of hot Antiphlogistine over the supra-pubic and perineal regions, constitute one of the best local measures for this condition, as their action is both decongestive and sedative.

Likewise, in chronic cystitis, the application of a large cataplasm of Antiphlogistine over the pubis is advisable. It plays an important rôle, and is a valuable aid to the local treatment.

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and literature
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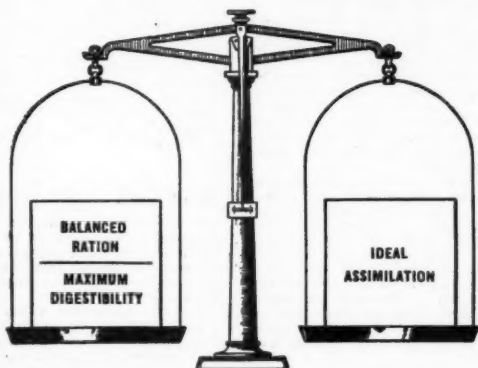
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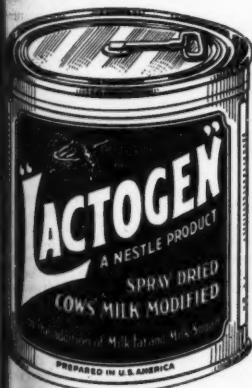
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maximum digestibility
= *ideal assimilation*



THE primary aim in substitute feeding is to select a properly *balanced* ration which the infant *metabolizes* as well as it does human milk.

Lactogen has the correct physiological balance—because the prescribed dilution closely approximates human milk in percentages of milk fat, milk protein, milk sugar and total salts.

The Lactogen formula is easily digested and assimilated because of its processed protein and the dispersion of its fat in fine globules.



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NESTLÉ'S MILK PRODUCTS, Inc.

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New York City

Speaking Frankly

Newcomer TO THE EDITOR: A few words for Scalpel's benefit. A man should start young but he should never start operating until he has had sufficient experience.

After one year's internship, unless he has had ample surgical training during that period, he should limit himself to the simplest kind of surgery. After all, Scalpel, almost anyone can do surgery even though crudely, but few can make a correct diagnosis.

If you're one of the younger men in the community and unless you've had two or more years of surgical training, limit your practice to general medicine for five years, learn to diagnose and treat a case, gain the respect of your colleagues, learn what to do and what not to do in surgery (both are equally important)—then visit our numerous recognized clinics and get the dope on how surgery is being done. And afterward don't be ashamed of one or two consultations.

You are certainly fortunate in being allowed to confine yourself to medicine. In some localities, newcomers are lucky to do general practice without the local academy eyeing you with not much pleasure.

And by the way, Scalpel, you can't do surgery if you're too timid to sign your name in full, do you hear?

N. S. Giardina, M.D.

Witness TO THE EDITOR: In a recent issue of MEDICAL ECONOMICS, Dr. Charles Fischer wrote about the necessity of getting qualifications in detail into the court record, when a physician is testifying as a witness.

The following record might be of interest. In a case against a large corporation in Minnesota, about two years ago, in which the plaintiff had sustained injuries that included several fractures, a well-known orthopedist from one of the largest cities in the state was called by the defense.

In his qualification testimony, this doctor told how he graduated from a duly recognized medical college after obtaining a Bachelor of Science degree from one of the leading universities, how he had spent several years in Vienna in postgraduate work on his specialty of diseases of bones and joints, how he had written numerous articles for medical journals on diseases of bones and joints, how he had spent practically the greater part of his life in the study of all the

bones and joints of the body and the diseases.

The attorney for the plaintiff then upon took up the cross-examination. Again the doctor testified that his skill and experience justified him in stating that he was thoroughly acquainted with all the diseases of the bones and joints of the human body. The attorney then asked him what he knew about the bones of the ear. The doctor replied that he knew nothing about them.

The attorney: "Then the statement which you made that you were thoroughly acquainted with all the bones and joints of the body was untrue."

After considerable stammering the noted orthopedist answered that it was apparently untrue.

The attorney: "That's all!"

P. E.

Anesthesia TO THE EDITOR: How can physicians give general anesthetics without a teaching on the subject? In the curriculum of medical colleges generally there is a provision made for this subject—and yet an anesthetic of some kind enters into all surgical operations.

It is in untrained hands that general anesthesia gets its greatest abuse, and this applies equally to physicians, dentists, nurses. A trained nurse anesthetist who is really competent (and there are many who are veritable Michael Angels in the art) is better than the untrained physician who occasionally attempts to give a general anesthetic.

General anesthesia is an important specialty of medicine. Like the other specialties, it can only be acquired by study and application, and medical graduates are no more prepared to administer present-day anesthetics than they are to remove cataracts.

I. P.

Loose-Leaf TO THE EDITOR: Not being busy for while this afternoon, I am seated at my desk, feet on top of an 8-inch pile of leaflets, pamphlets and other second-class mail that has come in the past few days. They vary in size from tiny small envelopes to some 8½ by 11 inches in size, thrown there unopened to await the day when I have time to dig out the different messages and advertisements, send me, with high hopes that they will not reach the wastebasket before being read.

I am reading a little symposium by one manufacturer on "Vomiting Pregnancy." I am READING this because it is bound in cloth and of definite size and shape, and treats a subject of importance and special interest to me.

The 8-inch pile is no doubt just as interesting, probably just as instructive and important; but try to find anything

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special. One would have to dig through it all, try to balance some large papers on small ones, unfold and re-arrange them, and decide which to look over first. By that time I would be interrupted and not be able to return to the uncompleted reading for a few days, when there would be another supply of the same irregular sizes.

I have read in MEDICAL ECONOMICS, which by the way, I always read from cover to cover, about an M.D. who expressed an opinion that I hope you will again take up and push through. It was to the effect that these pamphlets, circulars, reprints from papers, and so forth, be printed in a standard size, perforated for loose-leaf binding, so that they can be filed by the secretary, alphabetically, for ready reference. Some loose-leaf extension courses are so arranged and may be bought in cloth.

My suggestion as to a standard size for medical advertising literature would be about the size of the average book on our shelves, say $6\frac{1}{2} \times 9\frac{1}{2}$. Such a reform would, I am sure, be appreciated by the medical profession, and would result in literature being read by many more busy doctors.

I want to thank you for your interest in advancing this idea, and for your ever welcome publication, MEDICAL ECONOMICS. O. D. Young, M.D.

Head TO THE EDITOR: No reputable agency would have the slightest objection to answering the nineteen inquiries outlined in Mr. W. A. Richardson's article in June MEDICAL ECONOMICS.

His instructions are well exposed, and the profession will profit by heeding his suggestions when selecting an agency. I. M. Cohen

Ames TO THE EDITOR: I quote from William Allen Richardson's article, "19 Tests of a Collection Agency," in MEDICAL ECONOMICS for June:

"But perhaps the most heinous example of thievery in the usual contract appears in that section which states in disguised terms that the doctor must pay the full commission on an account if he withdraws it from the service of the agency—even though the account remains uncollected."

May I satirically paraphrase this paragraph as follows:

"But perhaps the most heinous example of thievery in the usual contract between patient and physician (for a contract exists whether one is signed or not) appears in that section which states in disguised terms (and it's just as bad if the terms are stated right out in the open) that the patient must pay in full for the medicine and advice obtained from the physician—even though the patient took neither the advice nor the medicine!"

Now isn't that utterly absurd?

The correct statement of the withdrawal situation is given in the article "Collection Headaches," beginning on page 20 of the issue of MEDICAL ECONOMICS for January.

Except for that one paragraph, and the suggestion that agencies be required to submit "copies of all sales literature used" (we'd require a small trunk to submit copies of all the sales literature we've used in the past six years) we can say "amen" to everything in Mr. Richardson's excellent article.

George P. Duncan

Metric

TO THE EDITOR: In June MEDICAL ECONOMICS I observed that, according to the St. Louis Drug Survey, only 8% of prescriptions are written in the metric system.

I write all of my prescriptions in the metric system while thinking of my dosage in the apothecary's system.

My reason for doing so is this: In a 2 oz. bottle there are 16 doses of a teaspoonful (dram) each. In a cubic centimeter there are sixteen drops (approximately) and in a CC there are also 16 grains (approximately). Therefore if a single CC is incorporated with a 2 oz. (60 CC) mixture, each teaspoonful dose will contain one drop, or one grain, of the medicament.

To illustrate: I wish to give a patient $\frac{1}{2}$ grain codeine sulphate, $\frac{1}{4}$ drop of chloroform, $\frac{1}{3}$ drop of hydrocyanic acid dilute, 30 drops of syrup sarsaparilla in a vehicle of syrup tolutanae. My prescription would read thus:

Codeine sulphatis	.125
Chloroform	.25
Ac hydrocyanici dil	.333
Syr sarsaparillae	30.
Syr tolutanae	qs 60.

Misce.

Sig. A teaspoonful every four hours.

Dr. H. B. Wentz.

It is imperative that the amount prescribed be a 2 oz. bottle (60 CC), and the dose be a teaspoonful (one dram).

H. B. Wentz, M.D.

Action

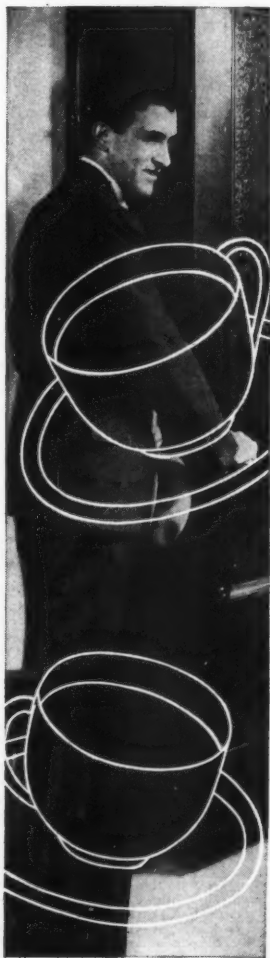
TO THE EDITOR: I have enjoyed immensely reading the comments and suggestions in MEDICAL ECONOMICS, and feel sure that the medical profession generally has been benefited greatly by having this publication before them.

For a number of years I have been a student, more or less, of the economic problems which confront us all throughout the country. I must confess that sometimes the situation looks hopeless unless a few leaders can impress upon the rest of the profession the necessity for concerted action and cooperation for the common good. We are passing through a period of economic depression which undoubtedly is a most critical time, in respect to the laying of proper foundations for future policies on the part of the medical profession.

At the end of the present depression there will be a tremendous volume of

[TURN TO PAGE 87]

to-day physicians are PROscribing caffein by PREscribing Sanka Coffee



GIVING up coffee often taxes a patient's will-power severely. Fortunately, though, there's a way of saying, "Give up Coffee" that insures obedience. That's to prescribe Sanka Coffee—genuine, delicious coffee with 97% of the caffeine removed.

Mail the coupon below for a free quarter-pound of this fine coffee. When it comes, make the night-test—drink your first cup at night. Next morning you'll know that Sanka Coffee can be enjoyed without causing sleeplessness, indigestion or nervousness. And the rich, satisfying flavor of Sanka Coffee will convince you that no patient will be tempted to drink caffeine-containing coffee.

Sanka Coffee is real coffee—a superior blend of the choicest Central and South American coffees. Coffee experts recognize that no other blend is finer.

Sanka Coffee has been accepted by the Committee on Foods of the American Medical Association with the statement: "Sanka Coffee... is free from caffeine effect and can be used when other coffee has been forbidden."

Send the coupon for a free quarter-pound. With it we shall be glad to send a copy of "The Passing of 'Thou Shalt Not'"—a more complete discussion of Sanka Coffee.

REAL COFFEE



97% OF THE CAFFEIN REMOVED

SANKA COFFEE CORPORATION M. E.—9-11
1 Joralemon St., Brooklyn, N. Y.

Gentlemen: Please send me without charge a 1/4 lb. package of Sanka Coffee—also the booklet, "The Passing of 'Thou Shalt Not.'"

Name.....

Street.....

City..... State.....

This offer not good in Canada

MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

Healer, Scorn Not Health

By ERASTUS B. GILLETTE, M. D.
President, Toledo Academy of Medicine

"Physicians as a class take too little care of their own health. They are constantly dealing with the health of others, and are in daily contact with disease and its exposure. They become thoughtless of the dangers of disease, as an oil driller becomes contemptuous of the nitro-glycerine he handles By far the greatest number of deaths each year among physicians is due to some type of heart or circulatory disease. We know too well that the foundation for this may be laid early in our practices, when we are exposed to infectious diseases. The young practitioner, even more than the older physician, should by all means take stock of his health, and his manner of living. Do this before it is too late!"



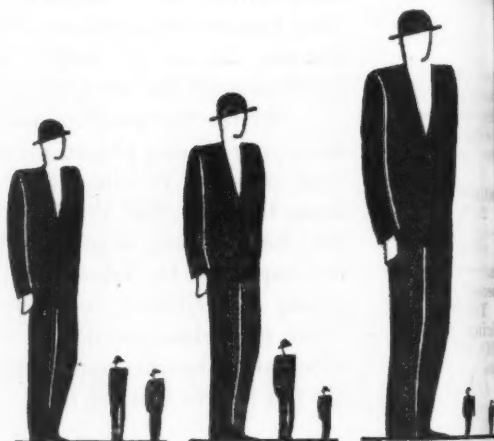
The Hospitalization Po

THIS BALLOT CARD...

THE following is my contribution of data bearing on the hospital question:

1. I am located in.....County.....State.
2. In my opinion, this section is ☐ over-hospitalized.
☐ under-hospitalized.
3. I ☐ have ☐ have not ☐ a hospital appointment. Its nature:.....
4. I am in favor of a movement toward ☐ Larger Hospitals and Medical Centers.
☐ Smaller Hospitals and Clinic Units.
5. All factors considered, I ☐ believe ☐ do not believe ☐ that patients could frequently be saved an expensive stay in a general hospital by one of the methods reviewed in the adjoining article.

GAVE THESE RESULTS...



65% 19% 16%

65% report over-hospitalization

19% report under-hospitalization

16% report status satisfactory

69% 21% 10%

69% favor smaller hospitals

21% favor larger hospitals

10% indicate no preference

86% 8% 6%

On the question: "Could patients frequently be saved hospitalization?" 86% vote YES; 8% vote NO; and 6% NEITHER.

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on Poll

By HAROLD S. STEVENS

THERE is no reputable M.D. but who would gladly see the hospital industry grow to twice its present size—if the well-being of his patient and the scientific advancement of medicine required it.

But what are the requirements? Is the present investment and upkeep of the hospital industry disproportionate to the present need?

Hospital authorities are as interested in the answer as are doctors.

The majority of patients hospitalized become so on the advice of their physician; therefore the representative opinion of the medical profession-at-large is entitled to considerable weight in a discussion of this subject.

In response to the Hospitalization Poll, conducted by the editorial reply postcard in May MEDICAL ECONOMICS, 4,516 physicians have balloted their opinion on three questions:

1. Is the country over-hospitalized?
2. Are larger hospitals needed—or smaller ones?
3. Are patients being hospitalized more frequently than necessary?

To the first question, 2,916 physicians answer YES. 901 answer NO, and 699 believe that matters are all right as they are.

On the second question, 3,035 doctors want smaller hospitals, 896 want larger, and 486 stand pat.

The response to the third question is overwhelmingly YES—3,883 so voting their opinions. 393 answered in the negative, and 244 did not answer this question.

physicians holding hospital appointments; 1,925 cards were from physicians not holding hospital appointments. There is a surprisingly small difference of opinion between the two groups.

Among doctors having appointments 69% report over-hospitalization, as against 59% of the non-appointees reporting the same condition. 15% of the appointees report under-hospitalization, the corresponding figure among the non-appointees being 27%.

67% of the hospital appointees are in favor of smaller hospitals, the equivalent vote among the non-appointees being 69%. Among both classes of doctors, 22% are in favor of larger hospitals.

On the third question: "Can patients frequently be saved an expensive stay in a general hospital by one of the methods reviewed in the article (hospitalization at home, "brief stay" rooms in conjunction with the physician's office, earlier removal to the patient's home or to a convalescent home)?"—there is no difference of opinion between hospital appointees and non-appointees. 86% indicated YES; 8% indicated NO; 6% cast no ballot on this question.

Analysis of the replies by sections brings out these interesting highlights:

The opinions of physicians in Los Angeles County, California correspond almost exactly with the opinions of physicians in the New York Metropolitan area, more than 70% of the doctors in these sections reporting over-hospitalization, and being in favor of a movement toward smaller hospitals.

Of the physicians in Indiana

2,591 cards were received from

and Ohio who are in favor of a movement toward smaller hospitals, over 80% are hospital appointees. In the same section 80% of those who voted for larger hospitals do not have hospital appointments.

The sections reporting under-hospitalization are the lower Mississippi states (Tennessee, Kentucky, Arkansas, Louisiana, Mississippi and Alabama), where more than 50% of the physicians heard from believe that additional hospital facilities are needed.

Percentages by sections, com-

puted on the basis of those physicians who indicated either a positive or negative answer to each of the three questions, are indicated in the geographic table printed below.

Here are the summaries for the United States as a whole:

I. Summary on question: "Is the country over-hospitalized?"

	Hospital appointees	Non-appointees	Both groups
Over	69%	59%	65%
Under	15%	27%	19%
Neither	16%	14%	16%

Geographic Analysis of the

SECTION OF U. S.	Percentage of physicians who believe their section is OVER-HOSPITALIZED	Percentage of physicians who believe their section is UNDER-HOSPITALIZED
New England States	86%	14%
N. Y. State (except N. Y. City)	71%	29%
New York City	92%	8%
New Jersey, Pennsylvania	82%	18%
Md., Del., D. C.	75%	25%
W. Va., Va., N. C., S. C., Ga.	55%	45%
Florida	56%	44%
Tennessee, Kentucky	43%	57%
Ark., La., Miss., Ala.	45%	55%
Indiana, Ohio	79%	21%
Mich. (except Wayne County)	70%	30%
Wayne County, Mich.	85%	15%
Ill. (except Cook County)	66%	34%
Cook County, Ill.	93%	7%
Wisconsin, Minnesota	90%	10%
N. D., S. D., Neb., Kan.	66%	34%
Missouri, Iowa	70%	30%
Texas, Oklahoma	65%	35%
Idaho, Mont., Wyo., Nev., Utah, Ariz., N. Mex., Col.	65%	35%
Wash., Oregon	85%	15%
Cal. (except Los Angeles)	87%	13%
Los Angeles, Cal.	96%	4%

2. Summary on question: "Are you in favor of a movement toward larger or smaller hospitals?"

	Hospital appointees	Non-appointees	Both groups
Larger	22%	22%	21%
Smaller	67%	69%	69%
Neither	11%	9%	10%

3. Summary on question: "Could patients frequently be saved a stay in a general hospital?"

	Hospital appointees	Non-appointees	Both groups
YES	86%	86%	86%
NO	8%	8%	8%
No vote	6%	6%	6%

The hospital industry and the

medical profession are—both scientifically and economically—two interlocking and inter-dependent institutions.

Not so long in the past the doctor existed without the hospital. Conceivably, at some time in the future, the hospital can exist without the private doctor. Under the present scheme of things, neither can exist without the other.

Each should cast upon the other a mutual and cooperative influence, to the ultimate benefit

of the Hospitalization Poll

Percentage who favor movement toward SMALLER HOSPITALS	Percentage who favor movement toward LARGER HOSPITALS	Percentage who BELIEVE patients can frequently be saved hospitalization	Percentage who DO NOT BELIEVE patients can frequently be saved hospitalization
82%	18%	89%	11%
81%	19%	87%	13%
94%	6%	92%	8%
78%	22%	89%	11%
75%	25%	86%	14%
80%	20%	94%	6%
75%	25%	93%	7%
74%	26%	93%	7%
85%	15%	93%	7%
50%	50%	93%	7%
86%	14%	92%	8%
86%	14%	93%	7%
84%	16%	91%	9%
84%	16%	77%	23%
83%	17%	92%	8%
87%	13%	91%	9%
89%	11%	90%	10%
78%	22%	92%	8%
87%	13%	98%	2%
83%	17%	97%	3%
87%	13%	91%	9%
87%	13%	97%	3%

of the public (for whom each exists).

These results of the Hospitalization Poll are offered as another source of light upon a question of serious import to all those concerned.

An interesting phase of the Poll was the reader-comment, of which the following selections are particularly significant:

"I do not think we have too many hospitals, but those we have are not as well distributed as they should be. There are too many beds in some of the larger centers, and not enough in the smaller and rural sections."

"Hospitals are a blessing—as a glass of cold water to a thirsty person. But too much cold water will drown the person—so too much hospital will eventually ruin both patient and general practitioner."

"I am in favor of a movement toward that size hospital which is most economical in operation for the community in which it is established. In areas of large population, I believe 300 bed units will answer the purpose best."

"In defense of the hospital—let me say that I have never been urged or required by the hospitals themselves to over-hospitalize sick people."

"\$5,000 capital investment for each acute case treated seems like an outrageous figure. If true, it is undoubtedly due to the lack of economy in construction, equipment, and operation."

"In illustration, the writer two years ago completed a small, up-to-date hospital with a capacity of 35 beds. The building is substantial, practically fireproof, and conveniently arranged."

"A visiting doctor—from a nearby town—on our opening day was commenting on the arrangement of the building, and incidentally raised the question of cost. We compared notes. It developed that the hospital with which he was connected, and which is just a bit larger than this one and not as well appointed in some ways, cost approximately four times as much."

"Your questionnaire is quite unfair."

"Detroit is an example of many cities: it was under-hospitalized in 1928 (1500 beds) and over-hospitalized in 1932 (1,000 beds)."

"The question as between large and smaller hospitals depends on the character and size of the community. Small clinics and hospitals cannot give the standard of professional care at the same money as hospitals of 250 to 400

beds. 500 beds should be the maximum of any general hospital, which becomes too much of a machine after that capacity is reached. The cost to the patient is smaller in these larger hospitals."

"I do not know any small hospital that can afford to give care in small wards of the highest professional type at \$3.00 to \$3.50, which is done as a part-pay proposition in many of our large endowed hospitals."

"If the hospitals could be used by the doctors, as they were meant to be, then there would not be too many hospitals!"

"Our city is over-hospitalized to the extent that there are many vacant beds, beds that could be filled were our hospitals open to the rank and file of the profession."

"Too much hospital... too much clinic... too much charity where charity is not necessary... this is my opinion after fifteen years of private practice."

"Too many physicians send in as many patients as possible (whether they require hospitalization or not) in order to maintain their prestige and swell their ego."

"The hospital has its proper sphere, as we all know, but the tendency in recent years has been to magnify its importance to the disadvantage of the public and the physician."

"The medical profession has been too indolent and passive, and has allowed hospitalization to be forced upon it. Medical care is over-institutionalized."

"This community is not over-hospitalized relative to number of beds, but it is very much so in the matter of unnecessarily expensive construction, which in no way adds to efficiency in care of the sick."

"I agree heartily with the opinions of many others that the child is rapidly out-growing the parent, and that owing to lay management of hospitals the physician is becoming merely a part of the hospital equipment."

"The pendulum has swung much too far and is still swinging in that direction."

"In this section we have hospitals and clinics almost at every crossroad. The total county population does not exceed 50,000, yet we have six general hospitals—not one of them strictly modern and equipped as it should be."

"Then there is the church hospital, the lodge hospital, the private (physician-owned) hospital—some with staffs, and some without."

"One good, modern, properly equipped hospital could easily care for the needs of the whole county."

"It is generally conceded that we are

already some, stable, which each man and service people. hospital, time. It had an per year. This capacity full since is closed, between

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already over-hospitalized with cumbersome, state-regulated, expensive hospitals, which have to be maintained regardless of current needs, and many of which go in the red in the thousands each month.

"We have a town of 8,000 inhabitants and serve a community of about 20,000 people. Seven years ago we had a 37-bed hospital, which seemed adequate at the time. It was nearly always full, yet it had an annual deficit of \$5,000 or more per year.

"This hospital was made over to a capacity of 75 beds. It has never been full since. At present about half of it is closed, and the annual deficit will run between \$10,000 and \$15,000."

"The question of hospitalization is a broad and much neglected subject (on the part of the doctor). Two questions should arise when a doctor orders a patient to a hospital:

1. Is it absolutely necessary?

2. Is he able to meet the expense of hospitalization?

"We all know that certain medical cases, most cases involving the specialties, and all major surgery, require hospital care. These cases should be sent to a hospital if facilities are lacking at home or if professional nursing care involves expense that is entirely out of the question, as is so often the case.

"My observations over a period of 27 years prove to me that about 15% of hospital cases could have been cared for at home, but I believe in most instances the patient was sent to a hospital because the doctor in charge just could not inconvenience himself in arranging the home nursing care. The busy practitioner is always desirous of herding his patients under one roof; it saves time, gasoline and real honest-to-goodness personal interest in the case. He depends on charts, on laboratory examinations for diagnoses, and forgets clinical symptoms and data."

"The question of hospitalization is, like the tariff, purely a local one.

"I hospitalize patients for several reasons. First, certain procedures and their aftercare can be taken care of much more safely in a hospital; it is possible to make several hospital rounds a day, with a much closer observation of the patient than when they are in private homes. Second, the pauper group of patients can be cared for much more economically at the expense of the physician when they are under one roof. Third, extensive laboratory facilities and expensive therapeutic equipment are frequently necessary.

"With the great economic waste in modern government and business, the least that should be allowed the public is the hospital care and expert medical service which the hospital guarantees them, whether they are able to pay for it or not."

"There are two diametrically opposite elements entering into the tendency to over-hospitalization.

"First, the recent graduates having received their entire training in the treatment of disease in a hospital feel that they cannot do justice to any case of illness outside a hospital. Many cases are therefore hospitalized which otherwise could have been treated just as successfully at home. There is also the added element of convenience to the physician in being able to call on all his patients at one place and time, with a nurse at his elbow.

"Second, the people have become hospital-minded. They feel that they will receive better care at the hospital with less inconvenience to themselves and their family, in which they are right. The only objection to be raised to hospitalization in such cases is the matter of expense, and if the care of a nurse is needed night and day, even though their services be ever so trivial, their cost will amount to a matter of \$85 per week and board. Such patients can frequently get along with the regular floor nursing service in a hospital; then hospitalization becomes much less expensive than illness at home.

"With only six out of every one hundred cases of illness being hospitalized, it would not appear that the sick were being greatly over-hospitalized."

"I believe that patients could frequently be saved an expensive stay in the hospital, and that some of the suggestions in June MEDICAL ECONOMICS would undoubtedly help to shorten hospitalization, but they do not cover the whole question. Many types of minor surgical procedure can easily be done in the office of the physician. Other types of work, such as diagnostic procedures, can be better done in the hospital but need not call for a long stay.

"The expense of hospitalization, for many patients, is a real deterrent toward accepting needed hospital care. In this respect the expense can be greatly reduced if the hospital itself will adopt a flat-rate policy.

"This method has worked out very successfully, both to the hospital and to the patient, in Cumberland, Maryland, and Johnstown, Pennsylvania. The flat-rate plan embodies a flat fee for various types of hospital care. For example, the maternity department will charge a fee of \$35, \$50 or \$75, depending on the type of room the patient desires. Any of these fees will include board, room, nursing care, laboratory work, use of the delivery room, anesthesia, care of the baby, and two weeks' stay.

"I believe this plan for operating hospitals should be particularly applicable in smaller communities where there is not great wealth, and where the usual hospital expense for long illnesses or serious operations is a very real hardship for the individual involved."

Medical Opinion on

A GAIN, M.E.'s editorial sanctum is filled with the flutter of reply postcards in the process of being counted, stacked, compiled. This time the subject is hospitalization. The stacks of cards represent the opinions of approximately 4500 physicians, in all quarters of the United States.

Here, in chronological review, is the story of the hospitalization survey:

1. A Los Angeles pediatrician submitted an article describing certain hospital tendencies which had come within his personal observation, and discussing the effect of these tendencies on private doctors.

2. Because the article made interesting reading, and because, also, it was a candid expression of opinion by a representative physician on an economic subject (to which opinion the pages of MEDICAL ECONOMICS always will be open!) it was published, in the May issue. The title of the article was "Too Much Hospital?"

3. Then came the letters of comment, some of them sharing the opinion of the Los Angeles pediatrician, some not.

4. On the theory that medical opinion-at-large is an index to the true status of hospitalization, and that further data on this subject would be welcomed by physicians and by hospital authorities alike, a ballot was offered—in June MEDICAL ECONOMICS. The accompanying article, quoted from the original discussion, stated the questions without prejudice, and asked the opinions of all readers, from coast to coast, border to border.

5. The discussion was further enlivened by an article from the superintendent of

on Hospitalization

large and well-known hospital in California, giving the hospital's point of view. This was published under the title "Not Guilty" in July MEDICAL ECONOMICS.

6. Results of the ballot appear on another page of this issue.

A poll of opinion, whether it run into the thousands, hundreds of thousands, or millions, may not be expected to work violent changes in the tide of events. That is not its purpose, which is rather to gauge the direction and force of the current.

New hospitals will continue to be built, regardless of what physicians think and say about it. But this poll of opinion on hospitalization will nevertheless have served its function. It will have stimulated thought, provoked discussion, added its data to the records.

What have hospitals to say on the subject? One hospital superintendent has answered the criticisms made by the author of "Too Much Hospital?"—and seemingly supported by the concensus of opinion among physicians. Let us hear more from the other side.

As an independent medical journal, MEDICAL ECONOMICS has no axes to grind, no glass houses to protect. Reaching 130,000 physicians nearly all of the practicing medical profession in this country, MEDICAL ECONOMICS appreciates its opportunity to serve as an open forum—on this or any other subject of economic interest to doctors.

H Sheridan Baketel

Olympics

MEDICINE'S PART IN 1932 CLASSICS

By Patrick F. Edwards, M.D.

AS the trumpets punctuate the closing ceremony of the Xth Olympiad in Los Angeles, August 14, a measure of the glory must revert to the corps of physicians who, directed by Dr. Sven Lorkrantz, assumed the job of providing 100% complete medical service—first aid, medical, surgical, and sanitary—throughout the 16-day program.

The more than two thousand men athletes, the two hundred women contenders, the five hundred attaches to the delegations, and the conservatively estimated quarter million visitors to the events, are now or soon will be on the way home to their forty odd countries with the report that they have seen a spectacle outclassing anything of its kind in history. Trust Los Angeles for that.

They will also be able to report on American efficiency in medical organization.

Los Angeles worked hard to secure the games and she is out to create a record for efficiency and masterliness in every particular of their conduct.

Holding of this sports event, the most spectacular and significant in the world, in the Southern California Metropolis is the culmination of efforts for almost a generation on the part of one of its civic-conscious as well as sports-conscious citizens, William May Garland.

Mr. Garland is one of the lead-

ers responsible for the development of the Los Angeles Athletic Club, and it has been his life's ambition to bring the glory (and the advertising value) of the Olympic contests to the city he loves.

When the decision was made that the Olympic Games really were to come to Los Angeles, an organization began developing to take care of them. The amount of detail which had to be covered and anticipated is almost unbelievable. Trained committees have been working devotedly for years to perfect plans in order that nothing might go wrong with any feature of a show which is subject to the interested attention of every intelligent inhabitant of the world.

Running off the sports event was but a small part of the picture. A few of the accessory needs: Housing, Medical and Health Supervision, Cuisine, Transportation, Communication, Interpretation (languages), Publicity, Policing—and a thousand subsidiary considerations. No detail of any of them could be neglected in the least degree.

In the item of housing, practically all the male athletes, and most of their male attaches, are quartered at a little mushroom picture-book town known as the Olympic Village. This community is composed of uniform knock-



(Top photograph) A delegation of New Zealand athletes entering Olympic Village—a group of temporary cottages erected to house the participants in the Xth Olympiad.

(Middle photograph) Olympic Village Hospital—small, but fully equipped and staffed to meet the medical needs of the international community.

(Bottom photograph) Interior of the hospital.

down houses, each accommodating four persons, complete in detail and containing every necessity and comfort. Incidentally it is of interest to know that after they have served their usefulness these houses will be for sale to those who wish to remove them to beach, mountain or back yard.

In the village are included administration buildings, postoffice, telegraph office, dining halls, and every other imaginable accommodation—even a small hospital.

Women athletes and their guardians are housed in specially designated hotels and dormitories.

For physicians, an interesting part of the program is the Medical Supervision. That alone has occupied the attention of the Medical Director, Sven Lokrantz, M.D., his assistant, C. Morley Sellery, M.D., and their committee, for many months. Plans were developed to cover the potential requirements of athletes, attaches, and spectators, down to the most remote consideration—a system as elaborate and comprehensive as for a major disaster. The Director resolved that not the slightest medical need should go without immediate and superlative attention.

In 1912 at Stockholm there were reported 132 casualties, of varying severity, and one death. The latter was a result of the marathon. Reports since then have shown an increase in numbers of accidents. An ambition of the authorities was to cut down this record, if possible—or at least to reduce the extent and severity of results to the irreducible minimum.

The organizing ability which has distinguished Dr. Lokrantz as head of Los Angeles' public school health work, and which has brought that department to a position of international recognition, is demonstrated in his set-up for the Olympics.

Beginning with an executive

advisory board of three prominent local physicians in addition to himself and his assistant, his staff includes the following advisory committees: Medical, Surgical, Women, Research, Lung Heart, Psychiatry, X-ray, Nursing, Physiotherapy, Equipment and Hospitalization. Then comes a corps of 74 volunteer consultants, who declared themselves ready to give necessary care to cases of a severity too great to be dealt with on the first line. These men represent all specialties, and also represent almost all known modern languages, so that a sick foreigner will have the comfort of telling his trouble to an understanding medical man.

Next down the list—on the active front—comes a corps of field surgeons. These men have been selected on a basis of their familiarity with fresh athletic injuries, and acute emergency work, and are held responsible for the brunt of immediate cases of casualties. These are the only physicians to be paid.

Since a group composed of volunteers could easily have been assembled by Dr. Lokrantz, it is greatly to his credit that he insisted on granting pay. There is another advantage, too, in the acceptance of a fee by the physician implies a contract, and gives assurance that there will be no interruption of services, due to answering of private calls. That it was made certain that there would be no time at which the aid of a field surgeon would not be continuously available during all scheduled event-hours.

Assignments are mostly in two to four-hour periods, depending on events. Some surgeons serve two or three periods—for a period each day for a week and a few for the extent of the games.

Every event [TURN TO PAGE 23]

(Opposite page) A camera portrait of Dr. Sven Lokrantz.

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A Follow-up System

M _____

HAS AN APPOINTMENT WITH

DR. STRAUSS ON _____ DAY _____ DATE _____

AT _____ A. M. _____ P. M.

2701 GRAND CONCOURSE RAYMOND 9-6432

"My plan was to engage a secretary and have her follow up two groups of patients. The first group would be composed of patients whom I asked to return in a week or two for therapeutic follow-up, and the second group of those I had not seen in several months. . . .

"The application of the hospital follow-up system to my private practice is putting into effect what we have been preaching about periodic health examinations. I feel that if it were universally adopted by the profession at large, it would act as a great factor in helping to stem the great rush of the public to the free clinics."

Men Private Practice

THE CLINICS USE IT; WE SHOULD TOO

By Norman Strauss, M.D.

WHY is the private practitioner facing such keen competition from the clinics? A little over a year ago, I took some time off that perhaps might otherwise have been spent in bemoaning and bewailing the fate of the medical profession, and in cursing pay clinics, medical centers and insurance companies, and devoted it to a study of this question.

I asked myself, "Is the answer purely an economic one, measured in terms of dollars and cents, or are the clinics actually rendering a better type of service? Is the clinic patient getting better service for less money?"

While cogitating upon this question, it occurred to me that our main argument against "institutions", and, by implication in favor of ourselves, is that we, the private practitioners, offer a certain "personal touch" to our patients, and an interest in them far more intimate than that given by the skyscraping medical organizations.

As I pursued this matter further, it seemed to me that the institutions were indeed rendering one type of personal service which is far superior to ours—namely, the follow-up system. A few examples will suffice to contrast the "clinic touch" against the "family physician touch."

In the clinic, if a suspicious

tumor mass is felt in a patient, or if a pathological report of a removed growth shows signs of malignant degeneration, the patient is instructed to return to the clinic on a certain date. If he fails to appear on the appointed day the matter is not dropped, but several follow-up letters are sent to him. If the patient still fails to appear, a personal investigator goes to his home in an attempt to impress him with the necessity of return visits and also of subsequent examinations.

But if that same patient be operated upon by a private surgeon in a private hospital and fails to return when instructed, no further effort is made to check up. What holds true in the surgical case likewise applies to the cardiac on digitalis therapy, the diabetic on a strict diet and perhaps insulin, or the suspicious case of incipient tuberculosis.

Frequently, I see cases in my private practice which are of particular interest to me—cases that are instructive both from the scientific and sociologic points of view—cases that I would like to check up on and follow through—but if the patient fails to return at the specified time, I am forced to forget.

Many times I wonder what happens to those young adults who come to me because they are losing weight, financially worried, tiring easily, or complaining of a "cigarette cough," and upon

whom I advise an X-ray but never see again. Time and again I have thought about that interesting cardiac I saw the other day who was fibrillating and whom I placed on digitalis or quinidine—has his pulse become regular, has he developed a heart-block, or is he still fibrillating?

Is that diabetic whom I put on a high protein and low carbohydrate and fat diet, sugar free by now, or is he on the verge of a diabetic coma?

Can I answer these questions concerning patients in my own private practice? Rarely, if ever!

Can I answer these questions concerning my free or clinic patients? Yes!—merely because I can and do have the hospital social service department get in touch with them for me.

But why do not we, the private practitioners, adopt this follow-up system to our own practice? If our private patients fail to return when instructed, why do we not take steps to bring about their return?

Is it below our dignity? Are we afraid of the "ethics"?

In an attempt to answer this question, I have tried to determine the psychological effect the hospital follow-up system has upon the patient. I am sure that it has been a common experience with many, as well as myself, that while taking the history of a new patient, he has often commented that since he was operated upon, or treated at such and such a hospital, they have continually followed him up by letters or personal calls, and the hospital "professors" have shown such a genuine interest. Certainly, this patient does not feel any lack of "personal touch" on the part of the institution. On the other hand, I have never had a patient tell me that he was treated by a private physician with a similar interest in follow-up.

I felt so keenly on this subject, that I decided upon a plan to

adopt the follow-up system to my own private practice.

In order to protect myself against any adverse criticism within the profession itself, and in order to save my skin from being tarred and feathered by a Board of Censors for any deviation from the code of ethics, I submitted my plan for approval at a joint meeting held between the Special Committee on Publicity of the Medical Society of the County of New York, and the Press Relations Committee of the New York Academy of Medicine. The Committee gave approval.

My plan was to engage a secretary and have her follow up two groups of patients. The first group would be composed of patients whom I asked to return in a week or two for therapeutic follow-up, and the second group of those I had not seen in several months.

To the first group the secretary would send the following card a day or two before the appointed date of return, as a gentle reminder.

M _____
has an appointment with
Dr. _____ on _____ Day _____ Date _____
At _____ A. M. _____ P. M.
Address _____ Phone No. _____

To the group of patients whom I had not seen in several months the following letter was sent:

"The greater New York Committee on Health Examination is advocating Periodic Health Examination.

"According to my records over _____ months have elapsed since your last examination.

"I have therefore set aside the indicated time as an appointment for you for a thorough check-up on your general physical condition."

The appointment card was enclosed.

The results of this experiment have been within one year more than gratifying, and I feel that the plan should [TURN TO PAGE 96]

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A Physician's Advice to a Graduating Son

By C. H. Kennedy, M.D.

DEAR SON:

I am going to jot down a few of the things you likely did not learn in your school training.

It is well to remember that many a man with only a fair scientific knowledge has made a success of the practice of medicine because of the other qualities with which he was blessed.

Without a good personal appearance, without cleanliness, frankness, friendliness, industry, and plenty of good common sense, many a man of unquestionable ability has turned out to be a "flop."

It is quite a common occurrence for the patient, on first meeting, to judge the physician hastily. As the latter's scientific qualifications are not immediately apparent, the impression gained is based entirely on his outward appearance.

You will find, moreover, that personality has a great deal to do with success, especially in the beginning. A smile is one of the most valuable assets one can have, and it costs the least. One can be serious and still smile. Frivolity is not good as an asset. Neither is too serious a countenance.

It has been said "laugh and the world laughs with you." This is true also of a pleasant smile. A kind word and a smile go a long way, and the smile should mean all that it implies.

If one's temperament is not just right, it can be corrected

to a considerable extent; but it should never be affected.

Kindness does not mean a lack of firmness. It is well to have self-confidence at all times, but it should not show as egotism. If one has no confidence in himself, he can not inspire confidence in others.

Frankness and honesty with one's patients are, I believe, always the best policy in practice. If they do nothing else, they at least impress the patient with your sincerity.

By frankness, of course, I do not imply utter artlessness. If you are a little doubtful as to the result of certain medication—and you will have many and frequent doubts—you need not impart this fact to your patient. Confidence in you on the part of the patient will always have a good effect. Psychic stimulation is sometimes better than drugs.

Always have due regard for the opinions of others, whether you value them or not. A great many things are learned from practice and from actual experience that are not taught in books, and one can learn something from almost every one.

Regard all advice and suggestions kindly; and then use what, in your own judgment, are beneficial and worthy of a trial.

One must learn to separate the wheat from the chaff, even in text-books. Do not consider all writers infallible in their ideas. Many splendid remedies are

based entirely upon their clinical effects.

To know that a certain drug will produce a certain effect is of more importance to you and to your patient than to know just why it does, or how. If a turnip seed and a mustard seed are planted side by side, each will produce its own kind in the same soil. But who knows just how or why?

If you have a tried and proven treatment do not give it up for some temporary fad, or theory that has not sufficiently demonstrated its worth. Be not the first to grab the new nor the last to discard the old.

Learn to rely upon your own judgment and to make each diagnosis by a system of elimination of symptoms rather than by relying too much on the laboratory. The laboratory is fine for confirmation, and in some instances as a direct feature; but of late, so much stress has been put on laboratory findings, that the average doctor is not able to trust his own judgment without running to the laboratory to confirm it.

Some of the smaller laboratories are not entirely dependable, either, especially in determining serological and chemical reactions, and in making microscopic examinations which require an expert to diagnose tissue specimens.

Learn to evolve your own system of treatment. Do not copy. Pick out the best of what you can find pertaining to a treatment and then build up your own system from it. From time to time you will find ways of improving it.

One of the subjects on which medical students get too little advice and instruction, is medical economics. In this day and age, the practice of medicine must be conducted along business lines if one is to have any degree of success.

I do not mean that the physician's whole aim should be to "get the money," but just to use good business methods and judgment, the same as one has to do in any other line of endeavor in order to make a success.

One should not hope to get rich in the practice of medicine—not on fees, at least. So the earlier one begins to use business methods in his practice, the better off he will be in the end, both financially and professionally.

No medical man should let the desire to get money overbalance his professional ethics; nevertheless, business methods and ethics can and should be made to work harmoniously together. Begin in the beginning with a system that is satisfactory, and then stick to it.

The only certain way to keep from being annoyed by bad accounts is to have as few of them on the books as possible. Be sure to take the name, home address, business address, and name of employer of every patient who comes into your office for treatment. Do not be timid about letting the patient know you expect to collect your bills.

If you find a patient is poor pay, the sooner you get rid of him the better; because if he has no intention of paying, he will go out and begin to knock. Some of the poorest pay are the hardest knockers, while a satisfied and honest patient will always be a booster.

One has to study people to learn how to discriminate between those who have good intentions and those who have not. The weeding-out process should then be done judiciously.

You can be just too busy to take care of the habitual "dead beats." In some cases, it is just as well to tell them plainly why you do not care to have their business.

If you know a patient to be poor, but honest and deserving,

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give him the best you can and forget about the pay. He may bring you another who is able and willing to pay. The professional "dead beat," is, however, always a knocker.

Patients should know that your profession is your business and that it is necessary for you to collect reasonable fees for your services if you are to continue operations. [TURN TO PAGE 57]

Show parents how — with shelves



One corner of the office of Dr. Hugh McCulloch in St. Louis (Mo.) has been set aside as the "Museum Room," in which have been gathered a wide variety of articles for the use of parents in caring for their children.

Shelves, as may be seen above, are arranged in three sections. One section is for infants up to two years; a second is for children from two to five years; and a third is for children of school age. The remainder of the room is arranged to indicate in a general way how in a small child's room the flooring, walls, and equipment should be planned.

In addition to having accumulated these articles, the doctor has taken the trouble to investigate them before recommending them to parents. On the shelves there are many kinds of books, foods, clothing, toys, nursery equipment, and suggestions for maintaining health, growth and training, ventilation, and exercise.

Although many of the items are small, all are described thoroughly on neat, printed cards.

By HALL JOHNSTON

That Insurance Policy

A PHYSICIAN with an extensive practice insured the fidelity of his secretary who handled his financial affairs. He purchased a continuing policy, which did not require renewal, and it ran on for several years. The annual premiums were paid as a matter of routine.

His confidence in his secretary was complete. One day he discovered something that aroused his suspicion. Thinking that it might be an accounting error, he called in a firm of professional accountants to revise his system of bookkeeping. A shortage of over \$5,000 was disclosed.

It was a distressing blow, but the doctor took some comfort in the thought that he had handled his affairs in a business-like manner. There would be no actual money loss to him. He was insured. So he dug out the old policy from the strong box. He glanced over it, and noted with satisfaction that the company agreed to reimburse him for loss to the extent of \$20,000. He promptly notified the company, and felt relieved.

There was a clause in the policy which stated that "all warranties contained in the application for the policy are hereby made a part of this contract." In glancing over the policy, the doctor did not notice that.

The following week the company called it sharply to his attention. The first warranty was that the employee was not in default at the time the policy was applied for. The second guaranteed that semi-annual audits would be made by a competent

auditor throughout the life of the policy. The original application was exhibited to him, and certainly enough, his big, bold signature stood out on the last line like a Broadway sign.

And yet it never occurred to him that he might be called upon to prove some day that his secretary started the first insured year with a clean slate. Also he thought he knew his secretary, and that he was in sufficiently close touch with his practice to know that he was banking all the income from it. It had not occurred to him to audit his books himself, let alone have some "competent auditor" do it.

As he read the application over, slowly and carefully, he realized that, so far as recovery was concerned, he was sunk, which proves that he could understand a legal document even though he was a doctor! It was just too bad that he had not read it over slowly and carefully the day he signed it. The insurance company declined to pay and denied liability.

Now of course a doctor really knows all the time what he is doing—in the nature of things he must. But insurance applications sometimes prove that he does not always know exactly what he does for a living.

Witness this instance: A member of the profession in high standing in a large city was

NO STRONGER THAN ITS WEAKEST CLAUSE

asked to answer in writing the simple question, "What is your occupation?"

The question happened to be embodied in a disability insurance application. Without hesitation he wrote "Physician and Surgeon." Since he had practiced medicine for thirty-five years, he considered himself entitled to that designation.

What he neglected to state was that, during the past ten years he had been known throughout half a dozen states as a leading bacteriologist, and that during that time he had devoted his life to laboratory work, research and consultation. He no longer called on patients, and saw few of them. He had abandoned both medical and surgical work. While working with some dangerously poison little animals we ordinary folk usually refer to as germs, his hand became infected. He was disabled, and called on his insurance company for assistance.

Now the theory of insurance is that the company assumes only such hazards as it knows about, or may be reasonably expected to know, concerning the particular person assured. It may, in its

contract, specifically except certain risks which it does not assume. That is the reason for the question about occupation. Some occupations are more hazardous than others.

In this case, it developed that the company did insure bacteriologists, but at a somewhat higher rate, and this fact was stated on the margin of the application. Since the doctor, presumably informed of the company's practice, had not asked it to assume the higher risk, that company held that such risk was not assumed, and it declined to pay anything.

Is it any wonder that disability insurance has proved to be a delusion and a snare for many medical men? And yet no one needs it more. When a physician is disabled, his income stops. His business is in his head and hands. Not only is there no plant to keep on earning, no accumulated stock which may be sold, but the plant he has must be maintained, his rent must be paid, his equipment must be looked after and some, at least, of his employees continued on the salary list. He and his family must continue to live.

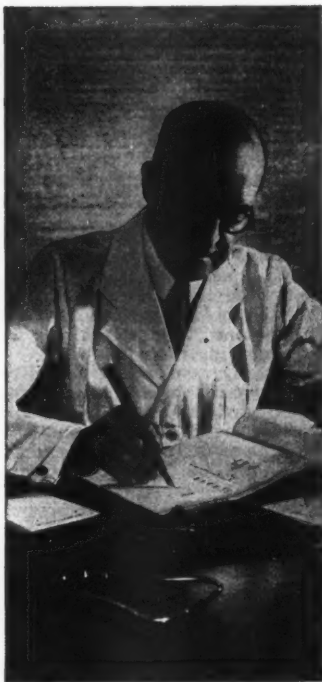
It is little wonder that disability insurance is popular with doctors, and there is no reason why it should fail them when the critical time comes. There is no reason why a monthly protection of five hundred dollars should yield only one hundred, nor that every now and then a policy should fail to pay at all.

I have just completed an investigation in [TURN TO PAGE 77]



A CREDIT MAN DISCUSSES . . .

By H. W. Hoklas



"On a May bill a statement would be sent out June 1st. If no reasonable payment is made during June, a courteously written note might be sent with the July 1st statement. . . followed by a similar reminder on the 1st and 15th of each succeeding month."

Collecting

A RETAIL credit man is a social worker. He comes to know the problems of many lines of business endeavor; the difficulties of the railway brakeman, of the life insurance man, of the farmer, as well as those of the physician.

I presume there is no physician—and particularly no physician's wife—but who would agree that it is essential for medical collections to be made more promptly than they usually are at present.

There is an investment in capital in delinquent accounts which brings no one favorable results. These overdue obligations of the patient are frozen assets which constitute a burden on him as well as a difficult problem for the professional man.

It is particularly essential for physicians to collect their obligations promptly, in order that they may pay their own bills on time. They must build up a good credit standing and have the respect of the community if they are to retain their own self-respect.

Another reason they must collect their obligations with promptness is so that they may have a reserve of time for relaxation and for research work.

Prompt collections made with reasonable consideration are a boon not only to the physician but also to the person who owes the amount; for, by prompt payment, he is relieved of the worry and burden of debt. If the amount is not collected, then the money the individual has will be spent in other pursuits and will only place him in a worse situation than he was before.

If I were a physician, as soon as financially able, I would em

Without Offense

employ a mature woman to take charge of my collections, rather than assume that responsibility myself. I say "mature woman" because such a woman would, by her poise and experience, handle difficult situations more adroitly. I would leave the entire matter of the office, credits, and collections to this woman, merely dictating the policies to be followed. I would interest myself only in the tabulated result of collections, showing the percentage of losses and the number of people who were in any way offended. I would base the compensation of the individual who was doing my work on these considerations.

Probably overhead expense could be reduced by having my assistant look after the office detail and collections of one or more professional men other than myself.

As each new patient came to my office, I would record his last name properly spelled, his first name, middle initial, residence, and bank, indicating whether he had a checking or savings account.

This information I would obtain at the beginning, and the balance of the data necessary for credit procedure I would obtain in the course of casual conversation. I would learn the kind of work he did. Then I would place this on my record card in order to keep it, should future occasion require.

Any additional data should be jotted down, such as the patient's business address, his position in the business, and his previous physicians.

From the latter I could learn whether he had paid his bills with reasonable promptness, and whether he were the type of person likely to complain.

The expense of securing a re-

port on a patient through one's local credit bureau is so nominal compared with the investment made in a patient in time and materials, that I consider such a report well worth while. In lieu of this, a local rating book is often sufficient.

When a new patient leaves, the office assistant should inquire whether the bill is to be sent for the amount of service performed that day. Often, in such cases, cash can be obtained for small items which, as charges on the books, might prove annoying.

When the amount is to be considerable, I believe that an estimate of the approximate expense should be given to the patient. When advisable, an arrangement can be made for deferred payment.

If there is no definite arrangement to the contrary, the physician should be paid in full the early part of the following month. On deferred arrangements, the patient may pay on the third and seventeenth of the month, or perhaps between the seventh and the eleventh. I would jot down the dates together with the amounts which I expected to be paid.

If a patient is told, "Oh, you can pay me whenever you want to," or leaves with the statement that he will make payment just as soon as possible, the account rests on such an intangible basis that there is no telling when the indebtedness will be cleared. Such an arrangement is extremely unsatisfactory to the patient, as well as to the professional man.

Where the courtesy of installment payments is granted, there should be no apology on the part of the office assistant for following up such cases within a week or ten days after a payment has

lapsed. If reminders are courteous, hardly anyone feels hurt by them.

When payment on a regular account is not made during the month, or on the first of the succeeding month, or on the fifteenth of the second month, some additional reminder should be sent.

For illustration: on a May bill a statement would be sent out the first of June. If no reasonable payment is made during June, a courteously written note might be sent with the July first statement. If that is considered too soon, then such a note could be sent about the fifteenth of July, followed by a similar reminder on the first and fifteenth of each succeeding month.

If no attention is paid by the time the third or fourth reminder is sent, the office assistant should telephone or visit the patient to find out what the difficulty is, coming to some concrete understanding as to how the balance will be paid. A new credit report showing the up-to-the-minute credit status of the patient often helps at this point in continuing further collections.

While this sounds like a cold, financial procedure, the adroit handling of the situation by a skilled and experienced person will work out most harmoniously for all concerned.

When medical bills become sufficiently delinquent to be turned over to an attorney, I often find that a patient claims he has received but one or two statements, and nothing further. Perhaps some complaint has been made to the doctor, no decision arrived at, and the next thing the patient knows, the bill is in the hands of an attorney. This is a highly unsatisfactory situation and is apt to besmirch the good will enjoyed by the professional man in his community.

I have no objection whatever to legitimate collection agencies. They have their place and should

be used when necessary. What I do object to is the fact that frequently the physician who employs such an agency waits too long before turning over his bad accounts to it. Meanwhile, he makes matters still worse by discontinuing the sending of statements on these accounts.

In Minneapolis it is customary for the merchants of the city to "age" their outstanding accounts. By this process, they divide the amounts which are due them from their customers into the months for which the customers are owing.

This data, when tabulated by percentages, gives them a concise summary of their current financial status, the results, of course, varying somewhat with the season of the year. For example, a merchant may find among his receivable accounts:

43%	owing for August
31%	owing for July
11%	owing for June
7%	owing for May
3.6%	owing for April
1.8%	owing for March, and
2.6%	owing for more than six months.

To enable the professional man to obtain a similar knowledge of his collection results, it is my opinion that this method of "aging" accounts might well be adapted to his needs. The only labor involved would be in dividing the total number of accounts he has not collected into the months for which the bills are owing. After he has done this he will know very definitely where he stands.

These records of collection percentages can be compared with each other in succeeding years as they accumulate. Naturally, a constant effort should be expended to improve them.

In addition to this table of losses each year, a record of the percentage of charitable work done would complete the picture.

The Doctor and His Investments

By WILLIAM ALAN RICHARDSON

THE securities market in recent weeks has turned its most promising side outward.

The pall of despair which lifted slightly in June when the country proved itself able to fulfill gold demands promptly, was dispelled further by the passing of constructive relief legislation, the favorable action at London and Lausanne, and renewed strength in commodity prices.

Whether this current improvement will continue to support security prices is dubious. It is my opinion that, in the face of unsatisfactory second quarter earnings reported by most companies and the prospect of still smaller profits in the present quarter, prices of most stocks and many bonds will soon react. The basic market indicators bear out this conclusion.

Accordingly, I see no reason for "getting aboard" with stocks and medium grade bonds just now. The physician will do far better by adhering to the conservative policy I outlined in July MEDICAL ECONOMICS.

It will be simple enough to participate in the stock market once it has definitely begun its upward climb. But to try to get in at the very bottom, when there is no assurance that the bottom has been reached is to court further losses.

After it has been shown beyond reasonable doubt that the downward trend of the past two and a half years has reversed, and the time for buying stocks

has arrived, investment programs will be suggested embodying such issues. Meanwhile, I would advise as follows:

Hold and buy only the highest grade securities of types recommended last month.

Sell all stocks and secondary bonds during market rallies.

Readers who wish to rehabilitate their investment portfolios, and who are undecided about the worth of certain specific securities, may submit the names of these securities to me. I shall be glad to comment on lists of reasonable length.

A word to holders of recommended bonds:

The upswing in prices of all prime quality domestic bonds promises to continue gradually, but perhaps irregularly. Disregard occasional reversals in the market and remember that these bonds have been advocated solely as long-term investments. Temporary reactions in their prices from time to time will soon give way to increased strength.

United States Government bonds followed an uneven course during the early part of last month, but with the subsidence of various upheavals in Washington, they again showed renewed vigor. The adoption of legislation designed to aid in balancing the budget, the defeat of the soldiers' bonus proposal, and the attainment of a successful check on gold losses, were all of material benefit in bringing about this result.

Higher income tax rates, as

provided for in the new law, have also stimulated the buying of Governments. To large investors the tax-free features of these issues are now more attractive than ever.

Municipal bonds, likewise, have found increasing popularity by virtue of their tax exemption. Demand for them has been especially well sustained, clearing almost the entire floating supply from the market. While there has been no widespread gain in prices, municipals have maintained a firm stand, unbroken by wide fluctuations.

DURING a period when companies and individuals alike are straining to pare down overhead, the physician is apt to visit his landlord on a much-postponed "little matter." Unpleasant, perhaps, but necessary. He wants his office rent reduced.

And what does the building manager say? A lot of things which, when reduced to their lowest terms, mean NO!

"Taxes and interest on the mortgage are still irreducible charges which must be met promptly," the caller is told. Also: "We are already suffering a serious reduction in revenue because of the many empty offices in the building."

"If you cannot continue the rent on your present office, why not move into smaller quarters on another floor?"

And so the landlord cuts off the doctor's nose—slicing his own at the same time through sheer short-sightedness.

A man who serves a number of physicians in the capacity of accountant and business manager, tells a story which sheds light on the rental situation:

"One of our clients," he says, "occupies a \$200-a-month space under a 5-year lease which expires in December. In 1927, when he signed the lease, neither he nor the landlord had any idea that before its expiration, there

would be one of the most severe business depressions ever known.

"At that time this doctor was seeing 75 to 80 patients a day and he needed all the space contracted for. But during the past year, his average has dropped to some 30 to 40 patients a day.

"When the doctor asked for a reduction, expressing willingness to pay the old rate as soon as business returned to normal, his request was refused; but the landlord did offer to fix up another space on the same floor, with smaller area, at \$50 a month less rent, but at the same rate per foot.

"Suppose the physician accepts this offer. Let us see what is likely to occur. First of all, the landlord will spend some \$400 to \$700 to fix up the new space. The space vacated will be on the landlord's hands, with little likelihood of rental. But if a tenant is found, then additional money must be spent to fix the vacated space for its new occupant.

"Our client also is subjected to expense, even though he buys no new equipment and confines his move to the same floor. Printed announcements, installations of equipment, and moving expense, all mean at least \$200 to \$300 outlay in order to save some \$600 rent the first year.

"Rather than subject the doctor to the expense and inconvenience of moving, and at the same time cause themselves considerable extra expense in preparing the smaller space, it would be more far-sighted on the owners' part to enter into a gentlemen's agreement to reduce the present rental from \$200 to, say, \$150.

"Matters could go on that basis tentatively for six months, and continue for as long thereafter as conditions seem to warrant, before asking the doctor to again meet the terms in his lease. The reduced rental might mean some hardship to the owner, but this is a situation where we must all pull together."

British Doctors

DOCKED, MUZZLED, ATTACKED

By Robert J. Blackham, M.D.

London

*A wise physician skilled our wounds to heal
Is more than armies to the public weal.*

HERE is a general impression that the present Government of Great Britain, in the absence of any definite constructive policy, is endeavoring to govern by slogans. These slogans are: "Spend wisely," "Stay at home," and "Buy British."

No one can grumble at the slogan "spend wisely," but how does it affect the doctor?

The Government attitude is that it is not wise to spend money on the doctor. The first act in national economy was to dock the remuneration to the medical men working under the National Insurance Acts. No one suggested that this body of medical public servants were over, or even adequately, paid, but the very first step in balancing the nation's budget was to embarrass the doctor's finances by cutting his allowances!

The "panel doctors," as the insurance practitioners are usually called, have admittedly played an important part in attaining the high standard of health now enjoyed by the British people, but their reward from a grateful country has been to reduce a rate of remuneration which successive administrations in the past have admitted to be inadequate!

Similarly doctors holding public appointments, and in the army and navy, both on the acting and

retired lists, have been cut by ten or more per cent of their emoluments or pensions, to cover the crazy expenditure of so-called social services of irresponsible politicians.

The doctors have "taken it lying down." Their representative bodies have feebly acquiesced in the Government's extortion.

Not so His Majesty's judges and other high officials of State. Drawing a mere five thousand pounds a year for a few hours' work five days a week, as compared with the few hundreds of the panel doctors for a twenty-four hour day seven days a week, the judges have protested at any reduction in their princely pay. They have actually put forward as a claim for special consideration the fact that some of their numbers are serving at an age long past that at which any ordinary public servant can be regarded by a medical board as efficient.

Doctors in the Public Services must retire in their sixties—at the outside—but the judges claim special treatment because some of their number persist in sitting on the bench long after they have passed the Psalmist's allotted span!

So much for "Spend wisely" as it affects the doctors. The specialist is badly hit by the "Spend wisely" slogan, as the patient will always economize first on medical, and especially specialist medical advice. Harley Street seems deserted. [TURN THE PAGE]

RELIEF FROM NEURITIC PAIN--

The same therapeutic agent which has proved so valuable in the alleviation of pain, reduction of swelling and increase of motion in arthritic and rheumatoid conditions is also proving unusually effective in relieving the pain associated with the various forms of neuritis.

A record of 582 cases classified as neuritis, showed definite improvement in 84% following treatment with Farastan.

We will be glad to send you the latest digest of the published work.



The Laboratories of
THE FARASTAN COMPANY
137 So. 11th St. Philadelphia, Pa.

The second slogan—"Stay at home"—is easily disposed of, as with Britain "off the gold standard," the doctor has jolly well got to stay in England. The purchasing value of the pound has gone to glory and he cannot visit countries where the exchange is against the British currency.

The "Stay at home" policy will diminish international intercourse among British, American and foreign physicians.

This is bad enough, but the slogan which hits the doctor worst of all is "Buy British." It suggests the old story of the people of the Pacific island who lived by taking in each other's washing!

British doctors have benefited in the past by being able to supply their patients with the best drugs and medical sundries which the world produces.

"Buy British" means that a tariff will, at no distant date, be imposed on anything and everything which is not made in the British Empire. The doctor will be forced to buy remedies not because they are the best, but because they happen to be British.

This means that his patients

will suffer by being deprived of the products of American and Continental laboratories.

Similarly the British surgeon will be hard hit in the matter of surgical instruments and appliances. Hitherto the resources of every instrument maker in the world found a free market in London, and both the surgeon and his patient benefited accordingly.

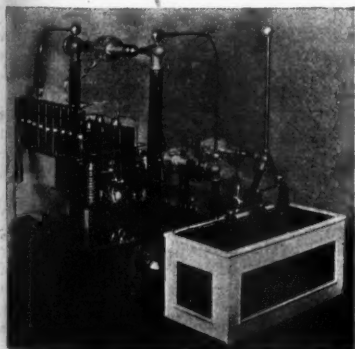
Under a protective tariff the surgeon will be handed over bound hand and foot to the tender mercies of the cutler.

The first section of the professional community to be attacked by the British economy campaign has been the medical profession. The national health is the most important asset in the national wealth, and the guardians of the national health are the doctors.

The British nation is "muzzling the ox that treadeth out the corn."

Let American medical men see the warning in this account. Your profession has power to influence legislation—if brought to bear in time. Don't wait until you are muzzled—as British doctors did!

Makes X-ray Snapshots



This new Westinghouse machine, with its three-element X-ray tube, makes it possible to photograph internal moving organs. In operation, electricity is accumulated behind a dam which, when the pressure becomes sufficient, is opened. A lighting charge is then released through the tube, photographing the object in less than one-thousandth of a second.

Everybody's Business

By FLOYD W. PARSONS

THE depression is an unmeasured calamity, but even today's unhappy conditions do not justify the hopeless attitude now assumed by many people.

The timidity and lack of faith and fight in high places are beyond understanding. Timid souls all around us whisper dreadful warnings of chaos. Our upward climb is ended. The present system will soon be in decay. A crisis will come in February when the railroad wage agreements come up for consideration.

The pessimists insist that new and lighter metals will replace copper and steel. The flood of electricity and oil will bankrupt the coal industry. Synthetic building materials will destroy lumber profits. The development of the Diesel engine will upset the manufacture of gasoline. Dirigibles will put the ocean liners out of business. Amazing developments in the field of electric batteries will establish the electric automobile and replace filling stations with charging stations.

It is asserted that invention and mass-production contain the seeds of each other's dissolution. Mechanical progress will have to be rejected in favor of financial security. No stability can be developed where there is an endless contest between powerful interests, such as the battle now on between the electrician and the iceman, lumber and cement, trucks and the railroads, rayon and silk, and a hundred other products and agencies.

Apostles of gloom say we sold out to the future; foolishly accepted the doctrine our children are more important than we are; made their pleasures the models for our own; let maturity become a period of devotion to youth instead of devotion to itself; permitted the movies to sink to the level of the taste and capacity of the grammar-school student; spent money on the adoration of youth instead of for the cultural life of the mature; and allowed the child to become father to the man.

This line of fierce criticism points out the stupidity of trying so hard to capitalize the future; of having obligations instead of possessions; and of racing so wildly to get the greater part of the rent money of tomorrow. One railroad recently put out bonds which are due in the year 2361, and a large communications corporation financed its construction



APPRAISE THE FUTURE

"There are 40 people per square mile in the United States. Births exceed deaths by 8 per 1,000 per year ...an increase in population of 1,000,000 annually.

work by bonds redeemable 500 years in the future, when cables may be only of historic interest.

Now we are startled by the discovery that tomorrow cannot be controlled and we have made a grave mistake in selling out to the future. The result is a frantic effort to restore to the present day its stolen function as a self-producing era. We have learned that the motive of the Utopian is quite similar to that of the suicide—both are seeking to avoid the issues of the present and escape into the hereafter.

These lessons we have learned are valuable and represent progress, but they do not justify the discontinuance of all of life's activities in order that the mistakes

of a generation may be remedied in a day. We live in a land of distinct divisions of thought and intense differences of opinion, the result being an urgent and never-ending need for leaders who can go on with their building while at the same time they patiently carry out programs of vital improvement.

Many leaders now insist we must con-

solidate our valuable individual planning into a big national scheme that will give us a great blueprint covering the entire nation. We want no dictatorship, and therefore cannot carry out any plan of economic balancing such as is under way in Russia.

We favor the preservation of personal initiative and desire to retain all that is good in our system of individualism, but it is believed possible to have a powerful central board possessing authority to prescribe and enforce a national economic plan.

This central council would surround itself with facts completely covering the nation's resources and facilities. It would forecast the production and consumption

The only food-drink fortified with Vitamin D

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Wisconsin Alumni Research Foundation*

Cocomalt is more than a flavoring for milk—it is a scientific food concentrate accepted by the Committee on Foods of the American Medical Association. It contains not less than 30 Steenbock (300 ADMA) units of Vitamin D per ounce.



*A delicious high-caloric drink recommended for
all adults and children — especially for*

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COCOMALT is recognized as a nourishing, delicious food-drink for everyone. But recommend it particularly during pregnancy and lactation, during illness and convalescence—*whenever high calory feeding is indicated*. For, prepared according to label directions, Cocomalt adds 110 extra calories to a glass of milk, increasing its nourishment (food-energy) more than 70%.

Cocomalt provides extra proteins, carbohydrates and minerals (calcium and phosphorus). Children love its chocolate flavor. In powder form, easy to mix with milk. Reasonable

in cost. At grocers or drug stores in ½-lb., 1-lb. and 5-lb. size.

Free to Physicians

We will send a trial can of Cocomalt free to any physician requesting it. Just write to R. B. Davis Company, Dept. 29J, Hoboken, N. J.

Cocomalt

"Cocomalt is a scientific food concentrate of barley malt extract, selected cocoa, skimmed milk, sugar, whole eggs, flavoring and added sunshine Vitamin D."

of products of all kinds, and allot production and distribution with respect to requirements of the plan.

A measure proposing a National Economic Council is pending in the Senate, but it is based entirely on voluntary action. Past experience raises doubts concerning the willingness of private business to adopt the recommendations of such a council. Would manufacturers curtail output, the petroleum companies restrict the flow of oil, or the farmers stop planting wheat if these groups were advised that such actions were essential to the best interests of the nation?

Some scheme of national planning must be devised if the United States is to keep step with world progress. The haphazard development of business and industry in America must be brought to an end. It is vital that action be taken to prevent these heart-breaking periods of unemployment and industrial paralysis.

Those who argue against all developments that in any way restrict the liberty of business should bear in mind that our present system has brought us face to face with the worst crisis America has ever encountered—one that is due almost entirely to the planless character of the system under which we live and work.

Let us quit temporizing with primary problems, and turn at once to the serious task of casting out of our life those evils that bring us recurring periods of fear and gloom.

We have the world's greatest supplies of essential raw materials. The United States contributes the largest percentage of all the grain, tobacco, cotton, coal, oil, sulphur, copper, iron, lead, zinc, natural gas and artificial silk produced throughout the earth.

We have no excess population, nor any form of congestion. There are only 40 people per square mile in the United States. Births are exceeding deaths by 8 per 1,000 per year. This means an increase in population of about 1,000,000 people annually, which is a mighty favorable economic asset. A stationary population would be a calamity to the farmer, damaging to industry and a threat to wages.

All of which merely means that life will soon be moving along in a normal way just as it has in the past. Of course, unfit types will continue to breed and weak minds will move in masses under the control of foolish leaders. Rare men with superior intellects and high ideals will be shouted down by the crowd as was Jesus himself.

The standpatter wants nothing done about our evils because we have always had them and always will have them.

But progress will be resumed and the new system now being created will be more perfectly regulated to the conditions under which it has to operate. The idea of a carefully planned future will meet public acceptance. In the past we only needed to know whether a new discovery would reduce costs or improve quality. In the future it will be necessary to know whether a market exists or can be created to absorb the production which the new discovery will bring.

Bank deposits will be safeguarded. Riskless investments will be created. Government waste will be reduced. Fear will be banished by making our large institutions worthy of confidence.

In the future we will do more than merely encourage progress, for at the same time we will develop a technique for reducing to a minimum the growing pains inherent in the casting aside of the outworn and out-of-date.



54 Judged

*Their Favorable Verdict Has
Developed A Small Swiss Lab-
oratory Into The International
House of Wander*

Toward the end of the Nineteenth Century, in a small laboratory in the Swiss Alps, Ovaltine was first conceived. Today the Swiss laboratories cover acres of ground

PAR
rations
are ma
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PHARMACOPOEIA BATEANA

LIBER III.

O Compound Externals.

CHAP. I.

Of Lotions or Washes.

A. *Acute* 2. *Intergates*, A. *Lotion*
of *Lintum*.

[R] *Sherry* of *Gold* in
fine *Powder* *Oil*
of *White* *Wine* *Y-*
rose *Hall* *oil*, *distill* *stere* *soft*
Wine *oil*, and *filter* *it*. *It*
is *adapted* *for* *the* *cure* *of* *volu-*
of *the* *Face*, *Puffiness*, *etc.*

Solomon § 1. *Boil* *this*, *it* *is*
very *drying*, *repellent* *and* *an-*
the *Face*, *and* *a* *very* *good* *thing* *to* *use*
the *Face*, *and* *take* *away* *the* *Pe-*
ruption *of* *the* *Face*.

§ 2. *It* *is* *very* *good* *thing* *to* *use*
the *Face*, *and* *take* *away* *the* *Pe-*
ruption *of* *the* *Face*. *It* *is* *very* *good*
thing *to* *use* *the* *Face*, *and* *take*
away *the* *Pe-* *ruption* *of* *the* *Face*.

§ 3. *That* *in* *these* *last* *rules* *it*
will *be* *much* *more* *effectual*, *it* *is*
every *that* *flour* *three* *Ounces*
of *good* *Spirit* *of* *Wine* *be* *added*,
for *then* *it* *will* *not* *only* *kill* *the*
Defile, *but* *also* *strengthen* *the*
parts *affected*.

§ 4. *Ammoniac*, A. *Respiration*
or *Lotion* *with* *Alga*.

Nota. *It* *is* *very* *good* *thing* *to* *use*
the *Face*, *and* *take* *away* *the* *Pe-*
ruption *of* *the* *Face*. *It* *is* *very* *good*
thing *to* *use* *the* *Face*, *and* *take*
away *the* *Pe-* *ruption* *of* *the* *Face*.

A page from Dr. Bate's manual
on the healing art.

17th Century Medicine

By H. G. Bull, M.D.

my neck; so will I come presently
to from my fit. Wishing you the
same (and thanking you in advance)
I am, cordially yours, etc.

When used preventively, this
oil was to be given "three days
before and after the Full and
New Moons."

The ravens and the kites share
honors with live swallows and
"Swallows' dung with the whole
Nest," not to mention such lowly
subjects as the inward skin of a
capon's gizzard, the windpipe of
a capon, goose-dung gathered in
the springtime, or the dung of a
white peacock. Although why
they should have been so per-
nicketty as to limit themselves
to white peacocks is hard to un-
derstand; perhaps it was to keep
up the prices!

Who could be so 'eartless as to
close this section on the howlets
and hother birdies without pay-
ing a passing tribute to an Un-
known Soldier, Captain Chanti-

PART TWO In addition
to prepa-
rations made from ravens there
are many others from the feather-
ed tribe, such as the oil of
young kites, or "gleads," given,
like most of these animal prepara-
tions, to cure epilepsy. In this
instance the directions read: "At
the time of an Epileptick Fit,
anoint the Soles of the Feet, Nos-
trils, and Nape of the Neck, with
this mixture," which had at least
one big advantage over watchful
waiting to keep the family oc-
cupied under such distressing
conditions.

No doubt some canny sufferer
from this disorder might have
carried in his pocket a little bot-
tle of kite oil, on which a good
Samaritan might glimpse the fol-
lowing legend:

To Whom It May Concern, Greet-
ing: Please do not call the ambu-
lance, but rather take cheer and
anoint with this oyl the soles of my
feet, my nostrils, and the nape of



Sold
complete with
electrodes at only \$28.50

**EFFICIENCY
QUALITY
LOW PRICES**

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of the Comprex Cautery
have been responsible For
Its Outstanding Success.

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SPRINGS.
HONEST
WEIGHT"**

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manufacturer is a worthy contribution
to the protection of the public.

Likewise, the perpetually accurate,
gravity Lifetime BAUMANOMETER
is a protection to the physician.

The KOMPAK Model weighs only
30 ounces.

W. A. BAUM CO., Inc.
100 Fifth Avenue, New York

**Lifetime
Baumanometer**

STANDARD FOR BLOODPRESSURE

cleer, who makes such a stirring
figure as he races madly across
page 553? Here he is, the gallant
also-ran:

Fusculum Galli, Cock Broth.

Rx An old Cock well wearied with
running, till he falls down; then
kill him [ah, the murderers!], pull
off his feathers [vandals!!], em-
bowel him [Turks!!!], and stuff the
body with proper ingredients; then
boil them in Fountain Water. . and
so on.

No penalties attach to the pos-
sible slothfulness of Chanticleer's
pursuer, but it is certainly in-
ferred that, should the black-
guard enter the henhouse by
stealth at dead of night and gen-
tly lift the doomed gentleman
from the roost, taking every care
not to upset the emotions of the
about-to-be-widowed concubine:
alongside of him, the cock-broth
would lose its efficacy; else why
"well wearied with running, till
he falls down," unless it be the
innate English love of the chase?

FIVE

*Scale of dragon, tooth of wolf,
Witches' mummy, maw and
gulf*

*Of the ravin'd salt-sea shark,
Root of hemlock digg'd i' the
dark,*

Yes, we have mummy, though
we cannot guarantee it to be
witches'; but its efficacy in the
Sympathetick Ointment is estab-
lished beyond any question of a
doubt. As we read page 694, how
could it be otherwise?

Sympathetick Ointment.

Rx Oil of Roses, fine Bole, of
each 1 oz., Linseed Oil 2 oz., Man's
Grease, Moss of a Man's Skull, kill'd
by a violent Death, in Powder, each
2 oz., Mummy, Man's Blood, each
½ oz. Mix and make an ointment.
By this ointment all Wounds are
healed, anointing the Instrument by
which the Wound was made, once a
day, every day, if the Wound be
great, otherwise, if the Wound be
small, once every second or third
day may suffice. The Weapon is to
be kept wrapt up in a clean Linnen
Cloth, and in a Place not too hot,
lest the Patient suffers thereby.

Now, we ask, in all candidness,
did Shakespeare have anything

on Bate? But let us go on just a little further. Here is one still better (or worse) than the maw and gulf of the ravin'd salt-sea shark—a ravin'd salt-sea whale!

There was a certain *Red Hungarian Powder*—choice, and I dare say expensive—composed of "Emeralds, Ruby, Sapphir, Jacynth, Bone of a Stag's Heart, Coral, Pearls, and even Ivory and Leaves of Gold," to which that insatiable Dr. Salmon went and added this:

In some Compositions there is Unicorn's-horn added [why not Phoenix-wing, since both are mythical?], but that which supplies the place thereof in all Apothecaries and Druggists Shops, is the Horn of a great Fish found in Groenland, which the Islanders call Narwell, whose Horn is white, hard, heavy, twisted hollow within for some space, and from one to two Ells long, which serves him as a defence against other Fish, and to kill great Whales. This Pouder is used in malignant Fevers, and against all Epidemick Distempers, and all sorts of Poysons. It prevails wonderfully against the Small-pox, for it expels the malignity, and strengthens the noble parts.

SIX

*Pour in sow's blood that hath eaten
Her nine farrow, grease
that's sweeten
From the murderer's gibbet
throw
Into the flame.*

Thus might one go on to the end, completing the analogy; for practically every one of the ingredients of our cauldron has its counterpart in Dr. Bate's great work. Is it necromancy or is it the practice of medicine? Let us return to the preface for a moment and reassure ourselves with the protestations of the dead-in-earnest translator:

XV. It is generous to do good to Mankind; and the more voluntary it is, the more acceptable. For my part, I owe so great a Friendship to all the World, that I wish every Man understood the Art as well as I do. [Ingenuous, certainly!] And I should be content, upon the Condition that it would please the most Good and Infinite Being, to bless

Infantile Diarrhea

—
**Adsorption — the
Ideal Treatment**

SINCE Kaylene is both consolidating and antitoxic, it is the perfect treatment for diarrhea.

Acting by the process of adsorption, Kaylene combines with and neutralizes the toxic products of *B. dysenteriae*, *B. typhosus*, *B. enteritidis*, *B. diphtheriae*, *B. paratyphosus* and the proteolytic group of bacteria.

A small teaspoonful of Kaylene in water every 2 hours proves an invaluable routine in the average case of summer infantile diarrhea.

In acute diarrhea of adults 2 to 4 teaspoonfuls repeated at intervals of 1 to 2 hours, according to the severity of the case. Literature and samples on request.

PRICE REDUCTION

Kaylene-ol (in constipation) is now being dispensed by druggists at \$1.50 per 16 oz. bottle.

Kaylene

E. FOUGERA and CO. Inc.
75 Varick Street, New York City
Sole Agents: KAYLENE LTD., LONDON, ENG.



TWO-DOSE TOXOID IMMUNIZATION protects against Diphtheria

Clinical evidence shows that Diphtheria Toxoid Mulford develops protective immunity in 90% to 95% of young children and in 85% to 95% of those over 15 years.

Immunity is produced quickly (within 6 to 8 weeks instead of 3 to 6 months).

No serum content.

Stable and non-toxic—does not acquire toxicity upon freezing or with age. It is so free from

toxicity that 5 human doses cause no symptoms of poisoning in a guinea pig.

. . .

DIPHtheria Toxoid Mulford in two doses is accepted by the Council on Pharmacy and Chemistry of the American Medical Association. It is supplied in packages of two 1-cc. ampule-vials (1 immunization); twenty 1-cc. ampule-vials (10 immunizations); and one 30-cc. ampule-vial (15 immunizations).



DIPHtheria Toxoid Mulford

MULFORD BIOLOGICAL LABORATORIES

SHARP & DOHME

PHILADELPHIA • BALTIMORE

the Sons of Men with a perpetual State of Health, to seek out some other way of living. And as Health is the most valuable of all Earthly Happinesses, so I am of Opinion, all other interests should vail to it. He can be no good Man, who desires to build up his Fortunes from the Miseries and Calamities of others; or to raise an Estate upon the Necessities of the Mean, and the Ruins of such as want Bread.

XVI. For this Reason sake, I have for this Forty Years and more exercised my Art, as well as to live by it, as a necessary piece of Charity. I know no poor Creature that ever came to me, in my whole time, that once went from me, without my desired help Gratis. I have not only given them my Judgement or Opinion concerning their Diseases and Distempers; but if curable and poor, have supplied them with all the Medical Necessaries for the whole Cure, till they became perfectly well, without demanding or requiring one Penny for it afterwards. And I have accounted the Restauration of such a poor and wretched Creature a greater Blessing to me, than if I had gotten the Wealth of both the Indies. I can't so well express my self concerning this Matter, as I can conceive it; but I am sure I should have been more pleased, and had a greater Satisfaction, in seeing such a helpless Creature restored to its desired Health, than if I had found a valuable Treasure.

There is more in the same vein, but something more interesting awaits us before we conclude this amusing ramble into the past state of "Physick." With the much-esteemed *Dr. Goddard's Drops*, we will bid farewell to the "Three Wierd Sisters" and the two equally wierd medical

contemporaries of Shakespeare's day.

XXI. *Guttæ Goddardianæ, seu Arcanum Goddardianum, Goddard's Drops.*

1. Rx Humane Bones, or rather Skulls well dried, break them into bits, and put them into a Retort, and join thereto a large Receiver, which lute well; and distill first with a gentle Fire, then with a stronger, increasing the Fire Gradatim; so will you have in the Receiver a Flegm, Spirit, Oyl, and Volatile Salt; shake the Receiver to loosen the Volatile Salt from the sides, then close your Receiver, and set it in the Earth to digest for three Months ["Toad, that under cold stone!"]; after that digest it in a gentle heat fourteen days ["Double, double, toil and trouble, fire burn and cauldron bubble!"], then separate the Oyl which keep for use.

2. The Author of this Recipe, was not that Goddard, many of whose Recipes and Prescripts, are scattered up and down in several places in this Book, but the famous W—Goddard, a great Philosopher and Physician, who deserved well of the World in his Day and Time, and who has even in this Remedy left himself an Immortal Name.

3. And this is the true Medicine which was purchased of the Doctor by King Charles the Second, so much famed through the whole Kingdom, and for which he gave him, as it is reported, many hundred Pounds Sterling.

5. You may make it of all the Bones of the Humane Body together, or if it be for a particular Intention, as for the Gout in any Limb, then of the Bones of those parts; but if for Diseases of the Head then of Skulls only.

Finis.

ARZOL SILVER NITRATE APPLICATORS



Use One Applicator then throw it away

Simplified Silver Nitrate Therapy SANITARY - CONVENIENT - INEXPENSIVE

FREE

Leatherette Case

to hold 6" unit of 10 applicators FREE with each box of 100 applicators. Price per box: \$1.50 (including case).

For sale by Surgical Supply Houses everywhere.

Eliminates unnecessary staining and provides a convenient way of conveying the medicament to the affected part. Always ready for use. The tips of Silver Nitrate are soluble, producing immediate action as an escharotic, astringent or hemostatic.

Accepted by the Council of Pharmacy and Chemistry for listing under Exempted Medicinal Articles.

J. SKLAR MFG. CO. Wholesale Distributors, 133 Floyd St. Brooklyn, N. Y.



YOU ARE THE JUDGE!

YOUR wisdom in the application of vaginal hygiene may save the life of the married woman whose health forbids an added burden.

You are the judge who decides whether feminine hygiene will be employed, or whether it will not; how long the patient's health will require its continuance; and, very important, you specify the *ethical* and efficient means.

Ortho-Gynol, approved for feminine hygiene, is the instrument of your will. It is advertised only to physicians. It has been presented to the profession only after two years' research in Johnson & Johnson laboratories and thorough clinical tests in New York hospitals have proved its dependability.

Ortho-Gynol is the vaginal jelly with two-fold action. Its base is composed of a gum of unusual physical characteristics, which resists solution and remains where deposited and spread in the vagina for

many hours. *It gives mechanical protection.* The antiseptic ingredients are recognized as being entirely adequate for their purpose. *They give chemical protection.*

Ortho-Gynol interferes in no way with natural functions. It causes no irritation. Its use is simple, non-revealing and free from all embarrassment. Physicians are reporting that Ortho-Gynol is also helpful in local treatment of vaginitis and leukorrhea.

Unlabelled Packages if Desired

It is for you to decide whether the patient will receive the regular package of Ortho-Gynol or a special unlabelled package prescribed or dispensed by you.

A Complimentary Package to Registered Physicians

We shall gladly send you a complimentary tube of Ortho-Gynol and applicator (value 1.50). Send your request to Johnson & Johnson.

ortho-gynol

APPROVED
FOR VAGINAL HYGIENE

• Johnson & Johnson •
NEW BRUNSWICK, N.J. U.S.A.



THE CLUTTERED DESK

To the plea that present limitations on the prescription of medicinal liquor by physicians be eliminated were lately added the voices of: Dr. James M. Durant, Commissioner of Industrial Alcohol; Amos W. W. Woodcock, Director of the Prohibition Bureau; T. H. Huston, former Republican National Committee Chairman.

350 druggists of greater Boston have contributed funds for a newspaper advertising campaign. It is called The Pharmacist's Guild Health Campaign, and plans are laid for one year. Message of the campaign: Health and hygiene.

Soon to be published by the Julius Rosenwald Fund is a 20,000-word report on medical advertising, reviewing advertising campaigns conducted by county medical societies.

Off for the first medical tour of Soviet Russia, a party of eleven physicians and their rela-

tives sailed from New York, July 7, by Hamburg-American liner, "New York."

Dr. A. F. Christian, Boston, opened his evening newspaper last month, glanced at the column "Through the Years With the Boston Traveler." There he read:

Twenty-five Years Ago—June 11, 1907.

Dr. Christian of Marlborough St. urges that unfit babies be put to sleep permanently.

Startled to find himself misquoted twenty-five years after the original speech, Dr. Christian wrote the newspaper: "I did not recommend the 'killing of weaklings'...but of diseased monstrosities."

Julia E. Morris, stenographer in the surgical supply firm of Garside & Wilson, Philadelphia, recognized the fisherman on the cover of May MEDICAL ECONOMICS as her grandfather, Captain Edward Bennett, Commander of the Love Ladies Coast Guard Station, New Jersey. The picture was made nine years ago.

[TURN THE PAGE]



CAPT. EDWARD BENNETT



JULIA E. MORRIS

Clinical Tests show how Yeast* improves Skin "Tone"

Newly-discovered "self-disinfecting" power of the skin shown in rate of destruction of test micro-organisms (*Staphylococcus aureus*) on a portion of its surface before and after Fleischmann's Yeast was added to the patient's diet.

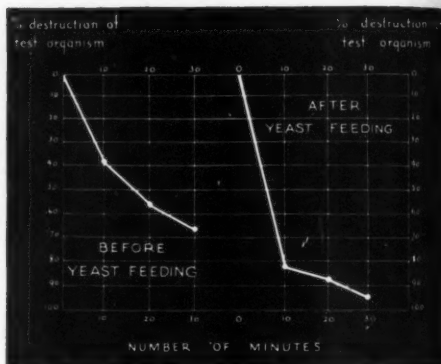
Important researches have revealed a very interesting property of human skin—its ability to destroy bacteria upon its surface.

When the skin is clean and healthy, up to 95% of test micro-organisms are rendered non-viable within 10 minutes, these experiments show.

When the skin is unhealthy or injured, however, bacteria on its surface are destroyed much more slowly. In such cases, the self-disinfecting power of the skin can be rapidly increased by adding Fleischmann's Yeast to the diet.

The chart above illustrates this marked improvement in skin "tone" in a typical case of furunculosis of two years' standing.

*Fresh Fleischmann's Yeast was used in these experiments. It is the only yeast rich in three vitamins—vitamins B, G and D.



Before yeast feeding began, less than 70% of test bacteria applied to the infected area were destroyed by the skin within 30 minutes. After ten days of yeast feeding over 90% were destroyed in the same period of time.

For years Fleischmann's Yeast has been known for its unusual value in correcting common types of skin disorders. It induces a marked leucocytosis. In the intestines it gently stimulates peristalsis and checks abnormal putrefaction.

You will find Fleischmann's Yeast effective in many cases where other forms of treatment have failed. Just recommend 3 cakes a day. Directions are on the label.

Send for this Important Booklet

Health Research Dept. M-U-8, Standard Brands Inc., 691 Washington St., N. Y. C.
Please send me revised edition of booklet, "Yeast Therapy."

Name _____

Address _____

Copyright, 1932, Standard Brands Incorporated

Duke University's new School of Medicine, Durham, North Carolina, graduated its first class this summer. Eighteen students received degrees.

One death every 15 minutes was the motor vehicle fatality record of 1931. During the year 33,000 persons were killed. Those injured: almost one million.

Best Wall Street story of the month: A man sold a small block of General Motors stock in 1929 (just before the crash), buying a new car with the proceeds. He drove the car three years, then sold it, received enough to buy back twice as many General Motors shares as he held in 1929.

Surgical instrument retailers have long known that itinerant peddlers of inferior surgical merchandise sometimes work their way into hospital cloak-rooms, hold "curbstone" sales among staff members.

With enthusiasm they read an editorial attacking the practice, in the June Bulletin of the American Hospital Association, by Dr. Bert W. Caldwell, Editor.

Strongest paragraph in his attack:

The "curbstone" or "pocket" merchant is here today and gone tomorrow. If he has made a sale and secured the money for his supplies and they should prove unsatisfactory, the purchaser has no recourse. He cannot offer good merchandise any cheaper than the reputable manufacturer or dealer. His practices closely resemble those of the bootlegger. He is usually furtive, secretive, and unreliable. Neither his practices nor his products will stand the light of

investigation. He pursues his trade without respect for ethical business methods.

Figures compiled by the American Dental Association show that: 24,000,000 people are treated each year by 56,800 dentists; \$446,000,000 is spent each year for dental care; \$18 is the average patient's yearly dental bill; \$4,100 is the average dentist's income.

The United States has almost twice as many trained nurses as it has physicians, computes the Bulletin of the Chicago Hospital Association, which gives the national ratio as one trained nurse to every 416 inhabitants, one physician to every 800 inhabitants.

Open splitting of fees, under certain circumstances, will be countenanced officially by the Medical Society of the State of New York, the House of Delegates voted recently. The society's Committee on Economics made up the following recommendation, which was presented at the annual meeting, and adopted:

Where there is a limit of ability to compensate professional service, if there has been bonafide participating service and responsibility, then, with the knowledge of the patient, the lump sum which is possible should be divided between the participants, according to the respective bonafide service rendered by each.

When the doctor merely refers a patient for consultation or care, and does not participate in the service, any division of the fee is reprehensible and both the giver and the receiver of the "split" should be suspended or barred from membership in organized medicine.

A True Cholagogue—Prescribed for Over 20 Years

R TAUROCOL

Samples and full information on request.

THE PAUL PLESSNER CO. DETROIT, MICH.



Hot weather . . . causes diarrhea, vomiting, dehydration and lowered resistance. This is the time to be **SURE** about the baby's nourishment. Dryco lends itself to the requirements of the season.

(Diarrheal diseases in infancy and childhood are the cause of more deaths in early life than all the infectious diseases combined.)

Dryco is the choice of thousands of physicians in difficult diarrheal cases. It is unsurpassed as a transitional food, since it can be prepared to suit all degrees of solutions and concentrations

demanding of the weakened digestion of the sick baby. The baby can be fed under reduced volume and with a highly digestible food without overburdening the stomach or overhydrating the system.

With the increased vitamin D content of Dryco, babies are protected against the dangers of rickets and avitaminosis.

THE DRY MILK CO., Inc.

Dept. ME, 205 East 42nd Street, New York

PRESCRIBE

DRYCO

Made from superior quality milk from which part of the butterfat has been removed, irradiated by the ultraviolet ray, under license by the Wisconsin Alumni Research Foundation, (U. S. Patent No. 1,680,818) and then dried by the "Just" Roller Process.

ALL DRYCO IN THE HANDS OF DRUGGISTS IS IRRADIATED

COUPON

THE DRY MILK CO., Dept. ME,
205 East 42nd St., New York.

Gentlemen: Please send special reprints:
Diarrhea—Summer Complaint; Acute and
Habitual Vomiting in Infants; Irradiated Milk
in the Treatment of Rickets.

Name
Street
City
State

Advice to a Son

[FROM PAGE 29] Always try to collect income and good will together, as you go along. You may have a host of friends who will gladly give you their good will; they can even furnish flowers when you are gone. But it is better to have a little cash along with the good will.

Honest and worthwhile patients will not be offended because you expect them to pay their bills. But they will be offended if you neglect to give them credit for their paid bills. Failure to credit a payment is worse than failure to make a charge. They will resent it and think you unforgivably careless.

Another thing you may not have had much instruction in is ethics. Make it a rule to treat all doctors you come in contact with as gentlemen, until you find out differently. You may discover

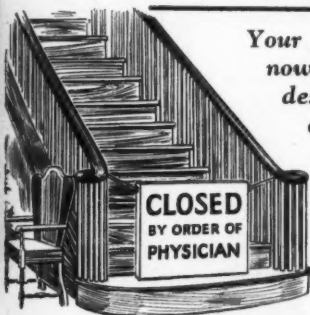
a few who are not gentlemen, but if you follow the golden rule, "do unto others as you would have them do unto you," you will not be far from right.

If called into consultation with another doctor, never enter the sick room until he arrives. The call should come to you either by or through the other doctor, and the time set as nearly as possible at your convenience. Be on time.

Never discuss the case with the patient, relatives, or friends until after the consultation, and then only in the doctor's presence and at his suggestion. Examine the patient as carefully as if he were your own. Never take the word of another for your diagnosis—make your own.

After you have completed a diagnosis satisfactory to yourself, retire to another room with the attending doctor and discuss the diagnosis and treatment.

If you agree, there is nothing left to do but to go back



*Your patient may
now ascend and
descend with-
out difficulty*



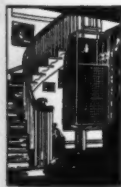
INCLIN-ATOR

Readily installed on existing stairways. Provides a simple method of ascent and descent, gliding quietly and smoothly. Folds against wall when not in use. Does not interfere with use of stairs. Electrically operated from car or from top or bottom of stairs.

Hundreds of prominent people have solved their elevator problems by installing these simple and convenient Home Elevators.

For complete information address
Inclinator Company of America
1452 Vernon St., Harrisburg, Pa., U. S. A.

Originators and Manufacturers of Simplified
Electric Passenger Lifts for the Home



"Elevette"

This unique home elevator can be installed in stairwell or other small space. Car constructed to fit available space, and when desired can be made sufficiently large to carry medium-sized wheel-chair. Controlled electrically.

EXCESS ACID ADSORBED NOT NEUTRALIZED

Colloidal adsorption is the rational and safe way to remove excess acid from the hyperacid stomach with minimum irritation of the gastric mucosa.

ALUCOL, an allotropic form of Hydroxide of Aluminum, with colloidal properties and high adsorptive power for HCl, is an efficient means to this end.

ALUCOL is non-toxic, is not systemically absorbed, leaves sufficient gastric acid to permit continuance of peptic digestion, and forms a soothing and protective gel over the gastric mucosa.

Further, ALUCOL does not cause a secondary and more pronounced rise of acidity, which often follows excessive use of alkalis in the stomach.

*Use Coupon Below for Trial Supply
of Alucol and Full Information*



THE WANDER COMPANY,
180 North Michigan Avenue,
Chicago, Ill.

Dept. M.E. 8

Please send me, without obligation, a container of ALUCOL for clinical test, with literature.

Dr.
Address
City State

and tell the patient that you agree, and that his doctor is doing all that can be done for him. That will make the doctor feel kindly toward you, cause the family to have more confidence in him, and detract in no way from their opinion of you.

If, on the other hand, you have some suggestion to make regarding a change that might be beneficial, discuss it thoroughly with the doctor. You may then explain to the patient that together you have worked out an alteration in the treatment that you think may be helpful. Do this in such a way as to give the other doctor fair credit.

If you can not agree on the diagnosis or on the treatment, it is your privilege to announce the fact to the patient and his relatives. This, of course, requires tact. Every effort should be made not to cast reflection on the other doctor.

If a third doctor is called, you will be vindicated in the event that your diagnosis is right. If you are wrong, that is your loss.

Your greatest concern is the welfare of the patient. That is what you are being paid for. But a disagreement in consultation is no justification for a breach of ethics. Do the other doctor full justice, even if you know he is wrong. But bear no responsibility for his error.

If after meeting you in consultation with his regular physi-

cian, the patient decides he wants you to take the case, you should refuse to do so, offering your assistance only with the other doctor's permission.

If the patient should insist on discharging his regular physician, you may take the case provided you consult your colleague, he dismisses the case in your favor, and is paid in full for his services.

If at a later date you should be called upon to see the patient or any of his family in an entirely new case, then it is your privilege to take it. It is anybody's case then, provided, of course, that a final settlement has been made with the other doctor and that the change is not being made to beat a former bill. Any case that comes into your office is *your* case unless you know some one else has been treating it recently.

And just a few other little things that might be mentioned:

You may know what the textbooks say about auricular fibrillation, heart flutter, heart block, acromegalia, Addison's Disease, and a host of other rare conditions that are seen once in a long time, but are you able to tell a boil from a carbuncle, a case of measles from one of scarlet fever, or diphtheria from follicular tonsillitis?

Do you know what to do for a

MICAJAH'S WAFERS

do not wear out in effect. Prolonged in action; no burden to use; afford definite superiorities over vaginal douche and fountain syringe. That's why they are arriving at their fiftieth anniversary with a record of successful results for both physician and patient. A recognized treatment for vaginitis, relaxation of tissue, ulceration; erosion, hypersecretion, inflammation of the vaginal tract, and

LEUCORRHOEA

Full information with samples to physicians upon request. Don't miss this offer! Write today to

MICAJAH AND COMPANY

198 Conewango Avenue,

Warren, Pa.

Micajah's Suppositories

A continued action on affected areas. A treatment that does not wear out in effect, and does not arouse intolerance of the rectal mucosa. Physicians prescribe these suppositories for rectal troubles. Fistula and Proctitis.

HEMORRHOIDS

Meet important indications. Astringent. Soothing. Styptic. Antiphlogistic. Healing. Non-toxic. Non-irritating. Stop bleeding and shrink pile tissue. Samples and literature to physicians on request.



The Sodium Perborate Product with the Pleasant Taste

Trent

Physicians used to hesitate to say "Sodium Perborate." Now they readily say "TRENT".

Sodium Perborate has long been known as a powerful and efficient oral antiseptic, but it has always been in bad repute because of its extremely unpleasant taste.

TRENT is as pleasing to the taste as it is efficient in use. Its liberal content of sodium perborate has been combined for greater effect with ortho-iodobenzoic acid, and flavoring agents are used which make it cool and refreshing to any palate.

TRENT soothes irritated tissues, maintains an alkaline condition in the mouth, and promotes quick natural healing. Clinical tests indicate its value in Vincent's Angina.

If you have not received a sample of TRENT, write to:

TRENT LABORATORIES

308 Central Avenue, West

Cleveland, Ohio

August, 1932

61

case of summer complaint, or how to treat a case of pneumonia? Were you ever informed that the first 24 or 48 hours in pneumonia are usually more important than the next two weeks, so far as effective treatment is concerned?

Just another thought and a little warning about drug addicts:

They will soon hunt you out and if you treat them favorably, will send you many more of their kind. Remember that *all* drug addicts are morally degenerate and that they will lie, steal, or do almost anything else to obtain "dope."

They will put up some of the most plausible lies you ever heard and will show you physical conditions of apparent disease that would mislead the canniest of us. After a while you will be able to "spot" these addicts as soon as they step inside your office; but occasionally one will fool you, so you must be always on the lookout.

They deny being addicts, as a rule, insisting at the same time that nothing will relieve their condition but morphine. They will call you out at any hour of the day or night and tell you they have the money to pay for your call. They will feign all kinds of ailments with the most excruciating pain. After they get a "shot," they will tell you they have to see a neighbor or a friend to get the money and will slip out and stay out until you get disgusted and leave.

It is best to adopt an ironclad rule never to administer morphine to any except your regular, trustworthy patients, or in cases of accidental injury, or after making a complete physical examination and finding a condition you are certain indicates its use.

YOUR DAD.

BROMO ADONIS

The Bromide of Greater Tolerance, Greater Potency, Wider Usefulness.

Successfully used by the Medical Profession in the treatment of Epilepsy, Menstrual Disturbances, Spasmodic Neurosis.

Bromo Adonis No. 1 . . . in Nervous Indigestion, Hypertension, Insomnia, etc.

Bromo Adonis No. 2 . . . When a more lasting sedation is indicated, as in chronic idiopathic Epileptic cases.

Check the preparation desired for free sample
(This offer for Doctors only)

TUCKER PHARMACAL CO.
221 E. 38th St., New York City



Protects the sterilized rim of the nipple from contamination by finger and thumb when applying. Makes application easier. An exclusive feature of the genuine ANTI-COLIC brand 3 hole nipple.

*Protected by U. S. (and foreign) patents.

SAMPLE FREE—Mail Coupon

DAVOL RUBBER COMPANY, Dept. B-8,
Providence, R. I.

Please send me FREE samples of
Sani-Tab Nipple and bottle cap.

Name

Address

City and State

Only DIGITALIS of UNIFORM STRENGTH will produce a DEPENDABLE RESULT



DIGITALIS Duo-Test "McNeil" is produced under a rigid standard which assures UNIFORMITY. It is tested and retested at regular intervals by the official frog method and check-tested by the Reed-Vanderkleed Guinea Pig Method.

The standard is so rigid that the resultant product can be used as a positive test for the reaction of the patient to digitalis.

The uniform potency of Digitalis Duo-Test "McNeil" eliminates one of two variables—namely that of the drug.

Capsules and Tincture Digitalis Duo-Test "McNeil" have been passed by the Council on Pharmacy and Chemistry of the American Medical Association.

Capsules Digitalis Leaves, Duo-Test "McNeil". Prices: \$0.75 per 100; \$3.15 per 500; \$6.00 per 1000.

Tincture Digitalis Duo-Test "McNeil". Price: \$6.00 per dozen 1-ounce bottles.



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ROBERT McNEIL

2900 N. Seventeenth St., Philadelphia, Pa.

Gentlemen: Send me a generous sample of Capsules Digitalis Leaves Duo-Test "McNeil".

Name..... Address.....

Dealer's Name.....



ME 8

Literature and Samples »

SAMPLES OF BREAKFAST FOODS:

A special gift package containing samples of Grape Nuts, Grape Nuts Flakes, Instant Postum, Post Toasties, Whole Bran, and Post's Bran Flakes will be sent free by General Foods (ME Item 8-32), Battle Creek, Michigan.

NEW RECIPES: A booklet of tempting frappes, delicious puddings, frosty ices and desserts, is offered by Welch's (ME Item 8-32), Westfield, N. Y.

SAMPLES OF JOHNSON'S BABY POWDER, SOAP, AND CREAM: Upon request, a full-size test package of Johnson's Baby Powder will be sent to any physician. Those who answer this request will also receive a full-size package of Johnson's Baby Soap and Johnson's Baby Cream. Address: Johnson & Johnson, Baby Products Division (ME Item 8-32), New Brunswick, N. J.

DATA ON ANESTHETICS: Two valuable reprints are now available: "Resuscitation from Asphyxia and Prevention and Treatment of Secondary Pneumonia by Inhalation of CO₂," and "Shall Cardiac or Respiratory Stimulation be Employed in Collapse?" For copies write: The Ohio Chemical & Manufacturing Co. (ME Item 8-32), 1177 Marquette St., N.E., Cleveland, Ohio.

YEAST IN DIET: Physicians interested in this subject will find of value a leaflet, "Concentrated Vitamin B1 B2 in Dietary Deficiency Diseases," available through MacDowell Brothers (ME Item 8-32), P. O. Box 141, Ogdensburg, N. Y.

RESPIRATORY FAILURE: An 8-page reprint, "A Simple Portable Apparatus for the Therapeutic Administration of Carbon Dioxide," should prove informative and helpful to every practicing physician. Copies may be obtained from Sparklets, Inc. (ME Item 8-32), 445 West 41st St., New York.

SAMPLES OF COLLOSOL KAOLIN: A supply of this intestinal detoxicating agent for clinical trial, with a booklet on its composition, action, and clinical application is offered by Crookes Laboratories, Inc. (ME Item 8-32), 145 E. 57th St., New York.

SAMPLE OF MELLINGER'S MASK: Made of resistant waxed paper with flexible wire sealed in, this mask is designed to afford comfortable and abso-

lute protection for both doctor and patient. It fits any face, covers nose and mouth, prevents steaming of glasses, is translucent, impermeable, and easily sterilized. Use once and destroy. For samples, address: Mellinger's Mask (ME Item 8-32), 4607 Melrose Ave., Los Angeles.

DOCTORS' STATIONERY: A quality printing service providing the doctor with 1000 business cards for \$1.65, 1000 prescription blanks for \$1.65, and 1000 bills or statements for \$1.90 (lower prices for larger quantities), is described in literature offered by the Professional Printing Co. (ME Item 8-32), 314 Broadway, New York.

SAMPLES OF BELL-ANS: A bottle of these digestive tablets will be supplied without charge to physicians by Bell & Co. (ME Item 8-32), Orangeburg, N. Y.

SAMPLES OF UNGUENTINE: Free literature and a trial supply of this well-known antiseptic for burns will be sent free by the Norwich Pharmacal Co. (ME Item 8-32), Norwich, N. Y.

MAN-NA-GLUCONATE: This colloidal manganese for the treatment of cocci infections is described comprehensively in a folder issued by The Drug Products Co., Inc. (ME Item 8-32), 26-32 Skillman Ave., Long Island City, New York.

SAMPLES OF SALACETIN BELL: A trial supply of this product, accompanied by literature on its action in painful, nervous, febrile and inflammatory conditions of the respiratory tract, sick headache, hepatic engorgement, insomnia, malaria, etc., will be sent free to physicians by the Hollings-Smith Co. (ME Item 8-32), Orangeburg, N. Y.

DIETETIC TREATMENT OF AUTO-INTOXICATION: Here is a valuable reprint which any member of the profession may obtain by writing to the National Milk Sugar Co., Inc. (ME Item 8-32), 205 East 42nd St., New York.

SAMPLES OF CERTIFOODS SIEVED VEGETABLES: Physicians desiring samples of these sieved vegetables which carry a definite guarantee of A, B, and C vitamin content, may secure them without cost, together with a copy of the Nutritive and Assay Report, by writing direct to Certifoods, Inc., Subsidiary

HIRES ROOT BEER IS WIDELY APPROVED AS AN IDEAL FAMILY BEVERAGE

The difference between Hires Root Beer and cheap oil flavored substitutes is in the *natural juices* from which Hires Root Beer is made.



pure—free from harmful drugs. Naturally it is preferred to cheap substitutes which copy the color, but lack its benefits and fine flavor.

Genuine Hires Root Beer, the national standard for over 56 years, is blended with juices of roots, herbs, barks, and berries by a slow, costly percolating process.

Hires Root Beer is economical, too. It costs only 1½c a bottle to make, practically one tenth of the usual beverage cost.

Hires Root Beer is absolutely

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DOCTOR, may we introduce Hires Root Beer
to your family at *our* expense?



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Kindly send free bottle of Hires Extract.

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Hires Root Beer
is the *natural* beverage



If you will simply mail the coupon, by early mail, you will receive a free bottle of Hires Extract for making Hires Root Beer at home. Please give *home* rather than office address.

August, 1932

65

of The Maltine Company (ME Item 8-32), 30 Vesey St., New York.

SAMPLE OF CHOLOGESTIN: Trial supplies of this product in both liquid and tablet form, supplemented by diet lists, may be obtained from the F. H. Strong Co. (ME Item 8-32), 160 Varick St., New York.

WHOLE WHEAT: An informative booklet containing impartial facts about "The Staff of Life," and a reprint from the Archives of Pediatrics are both available for the asking. Address requests to: National Biscuit Company (ME Item 8-32), 449 West 14th St., New York.

WHITE ROCK MINERAL WATER: "White Rock in the Diet" is the title of a recent publication of this company. A copy will be sent on request by the White Rock Mineral Springs Co. (ME Item 8-32), 100 Broadway, New York.

SAMPLES OF SOLUTION LIVER EXTRACT (Lederle): This product is described as "a refined and more concentrated solution of liver extract for intramuscular injection." A sample and literature will be sent gratis by Lederle Laboratories, Inc. (ME Item 8-32), 511 Fifth Ave., New York.

SAMPLES OF HAYDEN'S VIBURNUM COMPOUND: Samples of this antispasmodic and sedative are available through the New York Pharmaceutical Co. (ME Item 8-32), Bedford Springs, Bedford, Mass.

SAMPLE OF ALUCOL: This product is said to adsorb rather than neutralize acids from the stomach, and to cause minimum irritation of the gastric mucosa. A trial supply and full information may be obtained without obligation from The Wander Company (ME Item 8-32), 180 North Michigan Ave., Chicago.

PROGYNON: A description of this female sex hormone, explaining its value in the various ovarian dysfunctions, may be obtained without charge from the Schering Corporation (ME Item 8-32), 75 West St., New York.

SAMPLE OF NEPENTHE: Here we have a corrective of acute gastro-intestinal disorders. For an introductory sample, write The Tilden Company (ME Item 8-32), New Lebanon, N. Y.

ETHER: That you may know the purity of the ether you use, detailed instructions and necessary materials for testing it are offered free by Mallinckrodt Chemical Works (ME Item 8-32), St. Louis, Mo.

Cystogen

Particularly in
WARM WEATHER

CYSTOGEN

is effective

Patients are troubled greatly with Cystitis during the warm spell, due to the changed condition of the urine—it is scant, deeply colored and heavily loaded with solid waste.

And physicians have found CYSTOGEN the effective urinary antiseptic for treating Cystitis. Cystogen is a great normalizer of bladder and urethral infections and an unsurpassed clarifier of cloudy urine.

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enmeshes a fly
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EFEDRON (HART)

enmeshes the
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HAY FEVER

Subject it to a
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Send for FREE
Tube—TODAY

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Important words these—
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Cultured and *Powdered*—These are important words because of the marked feeding advantages they assure. *Cultured* Lactic Acid Milk is palatable. Its buttermilk-like taste is not unpleasant. Furthermore, the *cultured* product has a more uniform distribution of acid than is possible when U. S. P. Lactic Acid is introduced into milk. Thus the milk is smooth, fine and passes through the nipple without difficulty.

The *powdered*, *cultured* product has the correct acidity. There is no possibility of the infant receiving incorrect amounts of acid. The powdered product is convenient. It simplifies greatly the feeding technique—the addition of water and carbohydrate being the only preparation necessary for instant feeding.

Merrell-Soule whole Lactic Acid Milk is the standard *cultured*, *powdered* product. It is made by souring the milk with lactic-acid-producing bacteria. It is then powdered by the Merrell-Soule Spray Process used in the manufacture of Klim powdered whole milk.

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● For summer diarrheas and the more severe gastro-intestinal upsets of infants, Merrell-Soule Powdered Protein Milk is also available.

**MERRELL-SOULE
POWDERED WHOLE
LACTIC ACID MILK**

Olympics

[FROM PAGE 22] is attended by a suitable number of field surgeons. For distance runs, physicians are stationed at intervals along the route, and also accompany the runners in pick-up automobiles. For the rowing and yachting events, physicians in motor-boats are immediately available. For equestrian trials, physicians in suitable equipages remain on hand. The more dangerous or hazardous the sport, the larger the number of physicians delegated to be on call.

Contests are set to be staged over a fairly wide geographic area. The field events, in which chief interest centers, are presented in the magnificent stadium, not far from the main business section of Los Angeles. This structure, previously enormous, was recently enlarged to a capacity of 105,000.

Swimming events are held just outside the stadium, in a specially erected natatorium. The State Armory, about a block from the stadium, houses the fencing. Twelve miles to the northeast, Pasadena's famous Rose Bowl, where the New Year's Day Football Classics are held annually following the Rose Parade, is the scene of most of the cycling. Road-cycling will have to utilize the nearby countryside. Fourteen miles to the south of the city, the man-made Los Angeles harbor presents the scene of the yacht-racing. Rowing takes place on a specially constructed, protected straightaway marine course at Long Beach, fifteen miles southeast of Los Angeles. The Riviera Country Club, ten miles to the west, which boasts a polo-field and is naturally equipped with many riding hazards, is the locale of equestrian sports. Shooting is at the city rifle-range. [TURN THE PAGE]



"This will relieve the burning and the bladder irritation. Take a teaspoonful in a little water three times daily—and be sure you get the real Sanmetto I've prescribed."

A precaution well worth taking.

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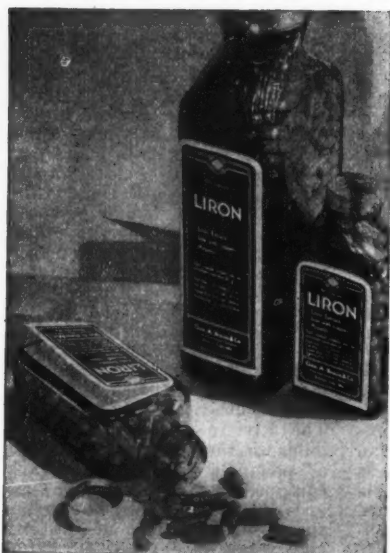
made by specially devised slow processes from tested ingredients gives results not to be obtained from mere mixtures of alcoholic extracts, in Bladder Irritation, Urethritis, Prostatitis. After treatment of Gonorrhea.



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POTENCY,

CONVENIENCE

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LIRON CAPSULES

in secondary anemias.

A treatment by mouth with
LIVER EXTRACT,
 iron, copper and arsenic.

In Liron, that fraction of fresh beef livers shown to be effective in stimulating red blood cell production in secondary anemias, has been extracted, concentrated, and standardized. With it is included iron and copper to increase hemoglobin.

Liron also contains arsenic in appropriate dosage for its effect on cell nutrition through the blood and lymph, and because of the apparent selective action between arsenic and the cells of the liver.

Four capsules, three times a day gives the equivalent of fresh liver, 4 oz., iron 1-1/3 gr., copper 1/20 gr., arsenic 1/5 gr. Supplied in bottles of 100 and 500.

Further facts, as well as prompt shipments, may be had from any of these Breon offices.

GEORGE A. BREON & CO., Inc.

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Every one of these locations was provided to be adequately manned by physicians during all contests.

Not only contestants, but employees, officials, and spectators had to be included in the emergency service. This fact multiplied many times over the extent of responsibility, since during ordinary collegiate football games at the stadium, the doctors assigned to workers and spectators average about as many calls as those assigned to the athletes.

Conditions impossible to treat on the scene are transported to the nearest Police Department Receiving Hospital. More severe grades of trouble are referred to the California Hospital, which serves as the ultimate base institution. Contagion, of course, would go to the County Hospital Isolation Ward.

The fleet of automobile ambulances have been delegated to stations within quick calling distance of all fields and courses, so that there could be no delay in transportation of cases requiring major hospital services.

Physicians stationed on the contest lines, may confer with coaches, trainers, and Red Cross attaches in determining the extent and seriousness of conditions, but theirs is the responsibility of deciding whether or not the injured or ill person needs to be sent to the base hospital, or can be taken care of on the field, in a Red Cross station, or in an intermediary hospital. Fracture, collapse, heart-failure, and shock, must be dealt with on the spot by the doctor. Uniform first-aid kits have been worked out containing all necessary stimulants and restoratives, as well as antiseptics, supports and dressings. Field surgeons are required to have this standard equipment on hand.

To prevent the distressing event of a heart-failure death from distance running, cycling, rowing, or other endurance con-

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is a dentifrice such as you have always wanted. It is ideal in every way and is a thorough cleanser.

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In addition to being better than U.S.P. Standard; in addition to being clinically correct; INTEROL is also the original Russian Mineral Oil used by the American Medical Profession. This fact is as significant now as then, since the excellence of INTEROL has been rigidly maintained.

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Please send me professional sample of INTEROL.

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For the control and prevention of

Interdigital Ringworm

["ATHLETE'S FOOT"]

BECAUSE of the high prevalence of interdigital ringworm,* doctors find Absorbine Jr. not only a safe antiseptic for controlling active cases of the infection—but also an excellent specific to prescribe for the prevention of original infection, or re-infection.

In the cases of patients who frequent locker-rooms, bath-houses, beachwalks, gyms and the like—the feet are often exposed to damp surfaces commonly infested by the ringworm parasite.

After every such exposure, then, the application of Absorbine Jr. to feet becomes a wise precaution, readily acceptable to patients. They find the application easy and com-

fortable. They find the odor pleasant, the liquid stainless to skin.

If you are not acquainted with the merits of this fine preparation, which has been tested in clinics and laboratories for its ability to control the ringworm parasite, won't you let us send you a sample free? Simply address your request to W. F. Young, Inc., 207 Lyman Street, Springfield, Mass. In Canada: Lyman Building, Montreal.

Absorbine Jr. is sold at all drug stores, \$1.25 the bottle.

* Government and medical authorities declare that at least half the adult population is infected at some time.

ABSORBINE JR.

for years has relieved sore muscles, muscular aches, bruises, burns, cuts, sprains, abrasions



test, a careful heart study is required of all contestants in these events. Heart specialists are the examiners, and the benefit of information given by the electrocardiograph is at their disposal.

As assistants to the corps of physicians, 100 Red Cross nurses and 350 trained operators volunteered their services.

Medical conditions among the men can be treated at the small hospital in the Olympic Village. This structure is designed to meet all situations which may arise and to serve as a clearing house for incipient conditions. There are three beds, a small surgery, with facilities for anaesthesia and minor surgery and dressings; a laboratory, electrocardiograph, X-ray, and physiotherapy apparatus. Male nurses trained in physiotherapy are constantly on duty. One of their chief endeavors is to enable athletes with slight injuries to continue participation.

Not to overlook anything of a preventive, as well as curative nature, a Physician Sanitary Inspector was put in charge of Hygiene and Public Health features. He will see that any contagion developing is promptly dealt with and the patient referred to the County Hospital.

All food, water and supplies, all disposal of waste and measures of cleanliness must conform to his specifications. An epidemic is well-nigh impossible.

Standing as a bulwark behind those actively concerned are the City and County Health Departments, the County Medical Society, and the American Red Cross.

It is too early (the Olympics end August 16) to have statistics of casualties—but to reverse Los Angeles' "bigger and better" slogan, they should be "fewer and smaller," thanks to Medical Director Sven Lokrantz and his corps.

KNOW MORE ABOUT WHOLE WHEAT

One of the most valuable, yet inexpensive foods, whole wheat grain is important in the diet. It contains twelve *mineral salts* of the wheat, as well as vitamins and bran which help prevent constipation.

We have an interesting booklet containing impartial facts about "The Staff of Life" written by an eminent English authority that will interest you; also a reprint from Archives of Pediatrics, both of which are yours for the asking. Remember . . . Whole Wheat digests easily and can be one

of your best aids in building resistance, preventing undernourishment, and keeping your patients strong and healthful.

Write for your copies of the booklets now.

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Mail This for Interesting Literature

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Please send me pamphlets and data on Whole Wheat.

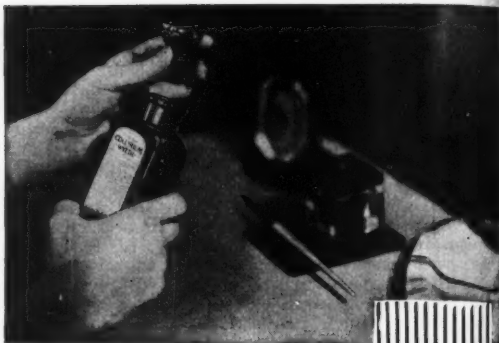
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For
The
Eye



Greater Protection More Convenient

Extemporaneous or home prepared eye washes are unlikely to be pure, sterile or of uniform strength.

But why take chances when you can recommend or prescribe a formula which has been standard with the medical profession for years.

COLLYRIUM WYETH'S

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Collyrium offers a sterile, mildly astringent solution for use in acute and chronic conjunctivitis, hyperemia, inflammatory eye troubles, etc.

Also note the great convenience in the application of Collyrium—the ground-glass stopper in each bottle is likewise an eye-cup, always available for immediate use.



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OF COLLYRIUM
FOR A TEST

John Wyeth & Brother, Inc. Dept. M.E. 8
1118 Washington Avenue,
Philadelphia, Pa.
Gentlemen: Please send me full-size
bottle of Collyrium for clinical trial.

Dr. _____
Address _____

Tours and Cruises »

FOR PHYSICIANS AND PATIENTS

CALIFORNIA FOR THE TOURIST: Spread out full-length this travel folder shows one of those colored animated maps of California. It is offered by the Southern Pacific, 165 Broadway, New York.

SWISS SPAS AND THEIR MINERAL SPRINGS: The big feature of this booklet is the colored illustrations; otherwise it is a convenient therapeutic guide to the resorts in Switzerland. Write: Swiss Federal Railways, 475 Fifth Avenue, New York.

JOURNEYS IN THE CHARMED LAND: How to spend eleven vacation days around Seattle. Your itineraries are all planned out in this folder, offered by the Union Pacific, Omaha, Neb.

HOT SPRINGS NATIONAL PARK, ARKANSAS: An official list of hotels, apartments, boarding houses, hospitals and sanitariums in this section has been issued by the Missouri Pacific, 13th & Olive Sts., St. Louis, Mo.

YOSEMITE: This folder includes a panorama of Yosemite Valley, with a numbered key to the principal points. Write: Santa Fe System Lines, 505 Fifth Avenue, New York.

SCANDINAVIAN AIR EXPRESS: If your time is limited and you want to see Sweden, this schedule of air service from Paris and London will be the answer. You can see six countries in seven hours. Write: Swedish Traffic Association, 551 Fifth Avenue, New York.

A TOUR THROUGH GERMAN SPAS AND WATERING PLACES: American physicians visiting Germany will find this booklet of special interest. It is one of the series of handbooks offered free by the German Tourist Information Office, 665 Fifth Avenue, New York.

HAWAII, SUGGESTED INCLUSIVE ITINERARY: Nine all-expense tours in the Hawaiian Islands. Circular from: Matson Line, 215 Market St., San Francisco.

YELLOWSTONE: This 64-page guide to the Park, illustrated and mapped, is

offered free by the Northern Pacific, St. Paul, Minn.

MOTORING IN CANADA: This and its companion booklet "Camping in Canada" are two of the noteworthy free offerings for the summer. To obtain copies write: National Development Bureau, Department of the Interior, Ottawa, Canada.

WEST INDIES CRUISES: "Why one family went on a Cunard West Indies cruise," told in the first person, and listing some itineraries. For this folder write: Cunard Line, 25 Broadway, New York.

CHICAGO, THE VACATION CITY: Here is a handsomely illustrated brochure, equivalent to a complete guidebook of the city. Copies may be obtained from the Illinois Central Railroad, Passenger Department, Chicago.

ENGLAND'S WASHINGTON COUNTRY: Northwest of London there are three places intimately connected with the family of George Washington: Sulgrave, Northampton, and Little Brington. These are all accessible through the London Midland and Scottish Railway, and are described in a folder offered by the company's representative in New York: T. R. Dester, 200 Fifth Avenue.

ECONOMICAL TRAVEL IN SCANDINAVIA: Tours lasting 31 days or more, and priced from \$277 up, have been arranged by the Swedish American Line, 21 State St., New York.

ELEVEN DAYS ON THE GREAT LAKES: A complete cruise of "America's Inland Seas" is being operated by the Lehigh Valley Railroad this year. Details may be had from: J. F. Andrews, Assistant General Passenger Agent, 143 Liberty St., New York.

1932 IN GREAT BRITAIN AND IRELAND: This is a 48-page calendar of events of interest to tourists, including local information on getting about the British Isles. Fits in the vest pocket. Offered by the Travel Association of Great Britain and Ireland, 295 Madison Avenue, New York.

[TURN THE PAGE]



Arithmetic,
Says Schopenhauer,
Is the basest of all
Mental activities.

So, let's leave
Numbers alone
In proving a case
For AGAROL

In the treatment
Of *constipation*.
Suffice it to say
That there's not
A land

In civilization
Where Agarol
Is not used,
And accepted
As a standard
In the treatment
Of constipation.

But the cynic holds
That statistics
May be made
To prove
Anything,
Even the truth.

That's why we prefer
That each physician
Prove for himself
The worth,
Therapeutically,
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Those who did
Have ever since
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And be convinced?
Just write—and soon
A package will be
On the way to you.

Agarol is the original
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Palatable, easily
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Agarol is suitable
for every age period.



AGAROL for Constipation

WILLIAM R. WARNER & CO., Inc., 113 WEST 18th STREET, NEW YORK CITY

HUNTING AND FISHING IN NOVA SCOTIA: A handbook for the sportsman, including a synopsis of Nova Scotia fishing and game laws, has been published by the Eastern Steamship Lines, Pier 18, North River, New York.

CAESAR'S ENGLAND: To tour through Kent and Sussex is to traverse the district where English history began. If the idea appeals to you of visiting Canterbury Cathedral, Dover Castle, and such unmatched resorts as one finds along the south coast of England, communicate with: C. Rayner-Smith, General Agent, Great Western and Southern Railways of England, 500 Fifth Avenue, New York.

HAVANA AND MEXICO: Proposed sailings and passenger fares, together with further, complete information regarding these all-expense vacation trips are available through the Ward Line, 145 Fifth Avenue, New York.

GERMANY AND CENTRAL EUROPE: Anyone beset by the "wanderlust" should feel well repaid after a few weeks in this old-world atmosphere. For free literature, communicate with the Hamburg-American Line, 39 Broadway, New York.

TO CHILE THOUGH THE PANAMA CANAL: A so-called "adventure cruise" that takes you to Colombia, Panama, Peru, Ecuador, Havana and Chile has been arranged this year by the Grace Line, 10 Hanover Square, New York.

FURNESS VACATION CRUISE TO BERMUDA: Pictures, rates, even the ship's plan, are included in a new folder put out by the Furness Bermuda Line, 34 Whitehall Street, New York.


JOHANNESBURG: A 56-page guidebook, practically every other page illustrations, on the hub of South Africa. Write: Thos. Cook & Son, 587 Fifth Avenue, New York.

BY PLANE SOUTHWARD: Air passenger service schedules and tariffs between the United States and the West Indies, Mexico, Central and South America, will be quoted without obligation by the Pan American Airways System, 122 East 42nd Street, New York.

TRAVELING?

"Mexico, Central, South America"
"South Seas, Pacific, Cape to Cairo"
"Seventh Annual World Tour"

Write for folder. Pathfinder Tours, Inc., 1151 S. Broadway, Los Angeles, Calif.



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DISTINGUISHED address, and an atmosphere that gives more charm each day of your visit.


Whether you stay for a day, week, month or year, the Canterbury's truly splendid appointments are at your disposal to make your San Francisco visit thoroughly delightful.

330 outside rooms, each with bath and dressing, now from \$12.00 per day.

Admission Rates by Permanent Guide
Excellent Cuisine

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for particular people

A ten-acre tropical garden midway
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Riding-Golf-Tennis-Dancing

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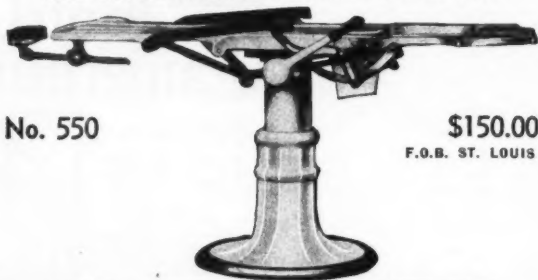
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ALL MOVEMENTS CONTROLLED BY A SINGLE LEVER

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HAYDEN'S

VIBURNUM COMPOUND

WOMEN, active in society, sports and business are grateful to the physician who prescribes a safe Antispasmodic and Sedative. HVC has been the standard of therapeutic efficiency with three generations of the profession, not only in obstetrics and gynecology, but in general medicine. It contains Viburnum Opulus, Dioscorea Villosa and Aromatics but no narcotics, and it leaves no harmful after effects.

*Put up in 4 oz. and 16 oz. bottles.
Sample (to the Profession) on request.*

NEW YORK PHARMACEUTICAL CO.
BEDFORD SPRINGS
BEDFORD, MASSACHUSETTS, U. S. A.

Obtainable at Reliable Pharmacies

HVC

ANTISPASMODIC AND SEDATIVE

That Insurance Policy

[FROM PAGE 31] which I have tried to find out where the trouble lies. I had the notion that I would finally pin it on the insurance companies. I had heard of fake policies, with vague and uncertain clauses, subject to various interpretations as might suit individual cases. I was given to understand that there were "gyp" companies issuing policies deliberately designed to rope in the doctors on the belief that lost incomes would be wholly replaced, only to defeat recovery through trick clauses contained in their policies, or by sharp practices of agents and adjusters.

I have examined scores of policies. They are far from being all alike, and do not cover the same hazards. Some policies cost more than others. They also give more complete protection. I am afraid I shall have to unpin what I had tentatively fastened on the coat lapel of the insurance companies, and hook it on the coat-tail of the doctor himself. It is not that the doctor lacks sufficient intelligence. But when it comes to buying insurance, he is usually in a hurry and fails to exercise his intelligence.

Of course there is the further excuse for him in the fact that he places confidence in his broker, who is presumed to see to it that full protection is afforded his client.

But, as was pointed out in a recent issue of MEDICAL ECONOMICS, too many insurance agents are either uninformed themselves or are interested only in the amount of commission to be earned, with the result that, in many cases, little help can be depended upon from that quarter. There is nothing magical about

INTERNATIONALLY FAMOUS
ALEXANDRIA
HOTEL



WITH BATH \$2.50 FROM
WITHOUT BATH \$1.50 FROM

Attractive Weekly-Monthly and Residential Rates

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THE NEW CENTRE OF THINGS

CHICAGO OFFICE
620 N. Main Ave.
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Superior 4416

El Cortez Hotel

NOW \$3.50 WITH PRIVATE BATH



YOU are cordially invited to stay at El Cortez during your San Diego visit. You will enjoy the ideal location with its view of beautiful San Diego Bay. Within walking distance from the theaters and downtown district. Frequent garage located in building.

De Luxe Table d'Hôte Dinner at \$1.30

ROOMS & SCENIC

Above Everything, Enjoy at Price

SAN DIEGO

CUTANEOUS LESIONS

of certain types, measurably or completely disappear during the summer months.



This case study depicts a Psoriasis condition of two and one half years duration. Photograph above shows condition before beginning treatment with Mazon and Mazon Soap. At right—complete elimination after two months treatment. There has been no recurrence since elimination fifteen months ago.

Mazon has been accepted by physicians as the modern scientific treatment for:

ECZEMA	ACNE
PSORIASIS	IVY POISON
ALOPECIA	DANDRUFF
RING WORM	ATHLETIC FOOT
AND OTHER SKIN DISORDERS	

MAZON SOAP

perfectly balanced and absolutely pure, cleanses and prepares the skin for the absorption of Mazon. It offers the physician an ideal soap for office use.

MAZON

offers the physician a modern dermal therapeutic to effectively treat such conditions during the first symptoms of reappearance.

Theoretically, the origin of these lesions affects the subcutaneous connective tissue.

By reason of its power to penetrate through the epidermis, Mazon attacks the condition at its origin, effecting permanent elimination.



BELMONT LABORATORIES, Inc.,
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Please send me trial supply of Mazon and Mazon Soap.

Dr.
Address
City State

an insurance policy. It is just a memorandum of agreement between the company and the policyholder. It is a contract. The companies offer varying degrees of protection at various prices. As long as the language is reasonably plain and the meaning reasonably clear, no just criticism can lie against the companies for reserving certain rights or specifically excepting certain risks. It is however, a case of what lawyers call *caveat emptor*—"let the buyer beware." He must choose that which is best suited to his needs, and pay accordingly.

If an insurance policy is worth considering at all, it is worth understanding. It is not necessary for the physician to inform himself fully concerning the principles of insurance, to understand this policy. A careful, thoughtful reading will suffice. He should apply each clause to his own individual circumstances. He should

begin, not with the policy, but with the application for it.

Most errors are committed by stating something in the application that fails completely to give the necessary facts, or omitting something which, if fully stated, would advise the company what risk it is taking. The assumption of risk by the company is based on the hazard it is assuming, and the application forms the basis of it.

Try to give the insurance company as complete and accurate information as it is possible to give. I have known doctors and other professionals who think it smart to cover up some hazard in their occupations under some such general occupational statement as "physician and surgeon." Doubtless there have been some cases where this has gotten by. Well, I think it is better that the insurance company be surprised to find the full risk assumed, than that it be surprised

ASSURED ACTION



Not only does *Chologestin* help enthuse a sluggish liver by inducing a free uninterrupted flow of natural bile...

Chologestin stimulates the digestive processes and peristalsis and eliminates intestinal poisons.

Use CHOLOGESTIN in catarrhal cholecystitis, mucous colitis, biliousness and constipation from biliary stasis.

Clip the Coupon and Get Chologestin!

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ME-8

A sample of CHOLOGESTIN, please, and TABLOGESTIN (tablets of Chologestin), ALSO DIET LISTS.

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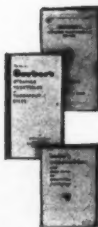
The Gerber
Spinach
Inspection
Room

CARE

in Every Detail makes the Gerber Products better for Baby

THE care used in the Gerber spinach inspection room is only typical of the strict regulations that affect every detail of the preparation of the Gerber Products. The operators in this room are clothed in freshly laundered aprons and caps. They cut, trim, and separate into individual leaves the bunches of crisp, fresh spinach received from the Gerber supervised gardens. The air that constantly circulates through this room passes through carefully regulated mechanical washers. The hand inspection of Gerber spinach is preliminary to the thorough washing of each individual leaf in cold water tanks agitated by mechanical washers that insure the removal of all foreign matter, sand and other substances, and thorough cleaning of the product before it passes on to the Gerber cooking process. The strict standards of quality and method that prevail throughout the making of the Gerber Products are all important factors in the modern, scientific process that makes strained vegetable feedings available for baby in an ideal form—with scientific uniformity, and with maximum retention of the natural vitamin and mineral salt values contained in the specially grown and selected vegetables used.

We will gladly answer any question any physician may have at any time with respect to the Gerber Products. Send for the booklets listed below. Two are professional. The other may be of service as a handbook of instruction to pass on to young mothers.



Gerber's STRAINED VEGETABLES

GERBER PRODUCTS CO.,
Fremont, Michigan.
Please send booklets checked.

- ☐ "Baby's Vegetables."
☐ "Vegetables in Therapeutic Diets."
☐ "Therapeutic Diet Recipes."

Name.....

Address.....ME-23



1. Grown in supervised gardens, the Gerber Products start on the cooking process while still crisp and fresh from the garden.

2. The loss of vitamins through oxidation is reduced to a minimum in the Gerber scientific autoclaves where cooking is done with oxygen excluded.

3. Oxygen is also excluded while the Gerber vegetables are strained through fine monel metal screens, thereby further conserving important vitamins.

4. The Gerber monel metal strainer is four times as fine as the ordinary kitchen sieve. It removes indigestible fiber and insures uniform texture in the products.

5. No water is added in cooking the Gerber Products. The cooking process and the vacuum pans used for bringing the products to uniform consistency conserve important mineral values that are ordinarily poured away.

15¢ at grocers and druggists
Strained Vegetable Soup
Carrots—Prunes—Tomatoes
Beets—Spinach—Peas
Green Beans

to find that it has not. The more complete the information in the application, the more certain it is that all risks are covered. It pays to be frank with your insurance company.

If you are a gynecologist, say so. If you are specializing and also conducting a general practice, give your occupation as "physician and surgeon, specializing in cardiology."

Some policies provide for both total and partial disability, with a curtailment of benefits for the latter. A diagnostician gave his occupation as "physician and surgeon." Later he suffered disability due to an infection in his hand and arm. His policy described total disability as being unable to perform any of the duties "relating to the occupation described in the application."

The insurance company claimed that he was entitled to only the partial disability benefits, since he was physically able to write prescriptions and give advice over the telephone. He had not, as a matter of fact, prescribed either treatment or medicine for many years, confining his work to written diagnosis to be furnished only to the attending physician. While this claim on the part of the company appears to be a bit far fetched, a proper statement of the insured's occupation would have eliminated the dispute.

A disability policy is not worth much if it defines disability as inability to pursue "any and all gainful occupations." Disability policies do not, as a rule, contain this clause, although most disability clauses in life insurance policies do include it. Needless to say, a busy physician cannot afford to depend wholly on these clauses in his life insurance policies to insure him against loss of income. They are not intended to furnish such protection.

Policies usually state whether or not premiums are discontinued

An Advance in Parenteral Liver Therapy

A REFINED AND MORE CONCENTRATED
SOLUTION OF LIVER EXTRACT FOR

INTRAMUSCULAR INJECTION

BY the new process employed in the Lederle Laboratories the volume per dose has been reduced 40 per cent and the substances responsible for undesirable reactions largely eliminated.

Solution Liver Extract (Lederle)
Refined and Concentrated for intramuscular injection. Each vial contains the material obtained from 100 grams of liver in three cubic centimeters.

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Prophylactic
Anti-Catarrhal
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Wash that
Guarantees
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Cleanliness**

The effectiveness of Mu-col as an antiseptic wash is attested to by thousands of physicians who prescribe and use it for effectively cleansing the entire membranous area. Aids quick granulation. A saline-alkaline powder easily soluble in water. Superior for feminine hygiene. Indispensable in every physician's practice.

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for 6 qts., FREE.

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Address.....

(Please attach coupon to letterhead)

In persistent pain

the demand for relief is often-times so urgent that the first thought is of a hypodermic injection of morphine—and yet every doctor holds back on account of its dangerous possibilities.

PAPINE

(BATTLE)

is an anodyne that may be fully relied upon to give relief in pain with complete avoidance of the evil psychical influence of the hypodermic injection. The patient gets relief with a minimum of possibility of habit-formation.

*What more could you
ask of an Anodyne?*

BATTLE & CO., Chemists' Corporation, St. Louis, Mo.

throughout disability, and what constitutes total and partial disability. These clauses should be carefully examined and the possibilities of their some day becoming operative considered. They will govern the amount to be paid when a claim is made. Care should be taken to see that any clauses relating to infection, accidental or otherwise, do not reject risks that the physician particularly desires to be assumed.

The questions as to when disability begins and when it ends are important. Some policies are designed to cover the very first day's loss of income, while others begin the indemnity thirty, sixty, ninety or even more, days after disability occurs. The premiums are, of course, greatly reduced as the non-paying period lengthens. Some policies which include a death benefit, provide for double indemnity under certain conditions, while others do not.

It is important to note the age

at which disability, once acquired, ceases, and the age at which the policy no longer operates. A policy may provide that insurance ends at age 60, or that disability occurring after that age is not provided for. Some benefits do not apply to self-inflicted injury, nor if the disability results from military or naval service.

What is the ideal disability policy for a physician? Generally speaking, there is no such policy. The ideal policy for you is the one that exactly meets your needs. The policy best suited to you may not be best for your fellow practitioner in an adjoining office. I feel confident that you will find the ideal policy if you will just request a copy of the applications and policies offered, and then sit down in the quiet of your own office and go over every clause in these documents!

As each clause is read, apply

NEPENTHE

Carminative, Anti-spasmodic, Sedative

A superior corrective of acute gastro-intestinal disorders, so common during the summer months. Composed of blackberry root, nutgalls, sodium bicarbonate, ginger and prickly ash bark, skillfully blended with choice aromatics.

Sample free to physicians upon request

Prepared only by

THE TILDEN COMPANY

Pharmaceutical Chemists since 1848

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St. Louis, Mo.

WHITE ROCK *and the* SICKLY STOMACH

Nausea? White Rock, highly carbonated will most frequently relieve it—

But more than that—

White Rock Mineral Water can often be recommended to increase appetite, promote digestion and motility—

In other words a pleasant and useful addition to the diet in pregnancy, many functional disturbances of the stomach, in hyperacidity and often (with milk or alone) in the later stages of ulcer diets.



White Rock

The leading mineral water

AUTHORITATIVE BOOKLET SENT ON REQUEST

WHITE ROCK MINERAL SPRINGS CO.,
100 Broadway, New York City.

Gentlemen: Please send me your booklet "White Rock in the Diet".

Name _____

Address _____

City _____ State _____

ME-8-32

it to yourself, your practice and the conditions that would obtain in the event of your becoming disabled.

Test each clause by forecasting what would happen if it had actually to be used. Jot down on a pad the result of your observations, and then talk the whole matter over with your broker.

Again read the policy after it is delivered. If there is anything that you do not then quite understand, or anything that does not seem to do just what you want, write to the company about it. It is a very simple thing to alter a policy after it has been written.

The insurance company is glad to assume the legitimate risks you wish assumed, and charge you accordingly. If the policy does not assume the desired risks, the policy is, indeed, a delusion and a snare.

The time to adjust these matters is before disability occurs.

An insurance salesman recently dropped into the office of a physician-acquaintance and immediately raked the doctor fore and aft with a broadside of information regarding accident insurance in general, and especially the policy that he was offering. It was impossible to resist such high-pressure methods. The doctor surrendered, but upon condition. The policy was to be sent on approval, and the initial payment was to be returned if for any reason the policy should prove unacceptable.

In his sales talk the visitor mentioned a long list of other medical men who had bought this policy. In view of the outcome, one might wonder how many of these doctors devoted any time and effort to studying the terms of the contract under which their money was to be invested.

The policy arrived and at first sight appeared to be as represented. But closer scrutiny re-



The Foaming Tablet in VAGINAL THERAPY

Modern medical authorities are registering enthusiastic approval of the foaming tablet in the proper maintenance of correct feminine hygiene. FOMOS, chemical and mechanical in action, reduces feminine hygiene to its simplest, safest, most dependable form. FOMOS formula has been used by physicians for over 9 years. Never advertised to the public.

SEND NAME AND ADDRESS FOR
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Re CONSTIPATION

Excerpts from an address by an eminent authority on Materia Medica: "Bran is a substance whose usefulness to men has been over-rated"... "Colon irrigations are being overdone"... "My favorites are plain mineral oil and the cascara-agar preparation known as Reguline."

Regulin, the natural treatment for constipation, has been recommended by physicians for over 30 years.

The Heinschild Chemical Co., ME-8
18 Grand St., New Rochelle, N. Y.
Send professional package of
Regulin—gratis.

Dr.
Address

Sal Hepatica for the Rheumatic Patient



EVERY practice has its example of the long continued, semi-acute type of rheumatic case. In this condition an important primary requirement is the maintenance of a proper alkaline reserve in the blood stream.

The accumulation of waste in the intestinal tract permits the absorption of toxins into the blood, which upset its normally balanced proportions and pro-

duce a general toxemia.

The mildly laxative effect of Sal Hepatica sweeps the intestinal tract clean of

poisonous material, and its alkalizing effect tends to restore the toxic blood stream to a normal state.

Sal Hepatica has found favor with many physicians because it is efficient, palatable, and obtainable everywhere. The coupon will bring you a sample for clinical test.

★ Sal Hepatica ★

MEMO to my assistant: Send to Bristol-Myers Co., 71 M West St., New York, for a professional sample of Sal Hepatica (gratis)

Name _____ M. D.
(Please enclose card)

Street _____

City _____ State _____

vealed, tucked away among the "whereases" and the "in consideration of's," a statement which merited deliberation. It declared, in sense if not in exact words: "Regardless of what may be stated elsewhere, the benefits under this policy will be only 50% during the first thirty days."

At first thought, this clause appeared unimportant. Since the premium was low and other provisions were most liberal, one felt that he could afford to accept half the weekly benefit at first, with the assurance of the full amount after thirty days of a longer disability. But there was another point—the principal sum of \$5000 which the policy called for in case of accidental death.

It was plain that the only cases in which this policy would pay the principal sum of \$5000, would be those in which the insured managed to live at least thirty days after an accident which was destined to prove

fatal. Furthermore, he must then die as the result of the accident alone, and not from any other cause or complication.

Looking at the policy in this light, it was evident that the principal sum, with rare exceptions, must be considered \$2500 instead of \$5000. Instead of being a cheap form of insurance, it was decidedly expensive.

It paid to study the policy in advance!

Speaking Frankly

[FROM PAGE 7]

obligations outstanding, both medical bills and commercial and mercantile debts. There is no question that merchants will press for payment at the very first opportunity. If physicians allow medical debts to be overlooked a dangerous precedent will be established as conditions improve, a condition which

For prolonged bromide medication—



You will find, Doctor, that there is a greater margin of tolerance without lessening of the essential bromide effect when your prescription reads

PEACOCK'S BROMIDES

Bromism, of course, may occur from any bromide preparation . . . But with Peacock's Bromides you encounter fewer eruptions, less depression and then, only after a longer time. Why? The five salt formula—synergistic and with less dependance on the more toxic Potassium Bromide.

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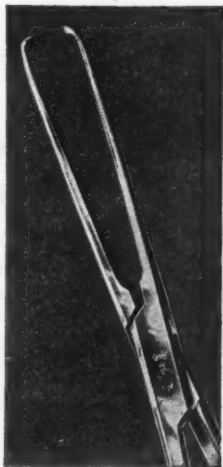
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The Kny-Scheerer Trade Mark Is More Definite Than a Written Guarantee



When you purchase instruments, look for this symbol of the crown, staff and serpent. It is accepted by thousands of physicians as evidence of the "Unseen Factors" which go to make up a quality instrument.

As an example of these unseen factors, consider the construction of Kny-Scheerer Allis' Intestinal Forceps. These instruments are made with very resilient shanks between the lock and the teeth, to permit the operator to obtain a firm grip on the intestinal wall without danger of perforation and possible traumatic effects. Both screw and box lock patterns are supplied, but the latter type is recommended to insure precise alignment of the tips.



Distributors of Kny-Scheerer Instruments are located in all large cities. If your dealer cannot supply you, write us.

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51-12 21st Street, Long Island City, N. Y.

will be most difficult to remedy in the mind of the average patient.

Cooperation would unquestionably solve the problem. Unfortunately, however, it is seldom possible to get every doctor in a community to cooperate. Among the numerous areas which now have medical credit bureaus, I do not know of a single one where there are not at least a handful of doctors who, while ostensibly cooperating in the plan, are not living up to the spirit of the agreement. Such a condition is most destructive to any attempt at economic progress on the part of a group of physicians.

I happen to know of one section in which, two years ago, there was designed by mutual cooperation between the officials of the county medical society and a private credit bureau, a plan that was considered to be a model.

Each doctor in the area provided full and complete information concerning each patient who insisted on ignoring medical accounts. This information was classified, compiled, and published in credit form at regular intervals for the confidential use of each doctor in the county. The entire compensation for the service was derived from subsequent collection methods employed by the bureau to fit the exact needs of the county. In other words, Mr. John Doe, who has repeatedly ignored every effort on the part of the physicians themselves, was made to pay the entire cost of the system, a reasonable percentage of the amount recovered from him being placed aside as it was collected.

It is too early to know the entire results of this plan, and whether it will, in the long run, work as expected. However, it is a start, and if repeated in other sections, should help greatly to strengthen the one greatest weak spot in our present system of rendering medical service.

H. F.

Neglect

TO THE EDITOR:

Chiropody is not an avenue for the non-M.D. to supercede the physician. The optometrist does not take the place of the physician! The reason for chiropody today is that the average physician has unknowingly neglected the patient suffering from common but painful foot disorders.

The late Frank A. Thompson, M.D. was the Dean of the School of Chiropody at Temple University. Although he was a physician, he practised chiropody. Drs. Sterling and Willoughby of Philadelphia, both eminent physicians, are instructors at the above college.

The student chiropodist is always taught that when in doubt, he should never hesitate in referring the patient to a physician. This is a universal practice.

Sidney L. Farkas

Writing

TO THE EDITOR:

The recent article by Dr. J. J. Markey sounds a new note in the medical profession. It is only natural in these days of slack fees that many of the old boys with a long-suppressed



FOR CONSTIPATION

...
safer and
more effective



As a contrast to the irritant and unnatural action of the usual cathartics, more and more physicians are recommending the use of a natural bowel corrective in

PSYLLA (Plantago Psyllium)

Do not confuse Psylla with the ordinary commercial psyllium, because Psylla has been subjected to a number of cleansing processes to rid the original seed of waste material and to render it **SAFE FOR HUMAN USE**.

Psylla, therefore, is not only more wholesome but more therapeutically effective. It provides the maximum of bland bulk and lubrication in the bowel.

NOTE. Psylla is carefully cleaned and sterilized. There is an inner seal in each can as a guarantee of its wholesomeness.

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Insist on Genuine
**BATTLE CREEK
PSYLLA**

FOR TEST SAMPLE.

THE BATTLE CREEK FOOD COMPANY

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Send me, without obligation, literature and trial tin of Psylla.

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Who calls Spud a cure for colds?

We don't. It's enough for us to call it a good cigarette! To point out that its menthol content leaves a cool, clean taste in the mouth...so that even people with colds or nose or throat troubles can appreciate its fine flavor.

Where your patients need advice about their ills or their smoking, we believe such advice should come from you. Your decision is best, because you know them and (we hope) you know Spud.

SPUD

MENTHOL-COOLED CIGARETTES

20 FOR 20¢ (U. S.)... 20 FOR 30¢ (CAN.)

THE AXTON-FISHER TOBACCO CO., INC., LOUISVILLE, KENTUCKY

desire for writing might endeavor to break into the game.

Fuck's advice might here be apropos—"don't." Writing, in order to be successful, must be born and bred in the system and assiduously cultivated. A few men educated in medicine have become famous writers, but in the case of most of these medicine was a side issue.

Many physicians can write beautifully as well as can thousands of laymen. But so often they lack a message, or humor, or that intriguing something which compels the reader to read on. A magazine editor is usually satisfied when he notes the first line of a manuscript. If it slaps him in the face, he may read a few sentences more.

A physician may be able to turn out good scientific matter, but there is small chance of getting it printed and no chance of getting paid for it. In my many years of contributing to medical and scientific journals, only one journal paid me cold cash for all the articles submitted.

If one can break into a syndicate he is then lined up for better things. I have carried on so-called "health" articles in both weekly and monthly publications at the same time; also supplied feature stories for the Sunday section of newspapers. The latter always paid well enough but the competition is great and at present the greater part of the newspaper articles are produced by staff writers.

Until the last two or three years a writer with a new and unique story had a chance to break into the magazines. But now the magazines are hard pushed.

There is always a chance for a medical man who can write and has the right technique to revise the literature of large pharmaceutical houses who exploit a better class of remedial agencies. This is purely impersonal and the promoter does not desire the literature to be signed by the medical writer and neither does the physician (for ethical reasons) wish his name to appear on the literature.

If a doctor finds time hanging very heavily on his hands and the wolf making occasional charges at the main entrance, there are lots of little diversions which may enable him to pass the time away. How about the contests? So much competition, and the harvest so often a very small crop! But you never can tell. One day I wrote an essay on sanitation, advertising a syringe. A certain number of prizes were offered. In a few weeks I was notified that I was second winner, and accompanying the letter was a check for \$200. A prize offer was made by a well-known talcum powder company. I wrote and then forgot about it. In a few weeks I received a check for \$50. This prize contest writing was followed up for several years with a nominal percentage of winnings; and I can not say that in any case I ever returned a check as being undesired by me.

No physician, or layman either for

ERGOAPIOL (SMITH)

AMENORRHEA DYSMENORRHEA and other MENSTRUAL DISORDERS



ERGOAPIOL (Smith) proves unusually efficacious in the various anomalies of menstruation arising from constitutional disturbances, atonicity of the reproductive organs, inflammatory conditions of the uterus or its appendages, mental emotions or exposure to inclement weather.

As a safeguard against imposition, the letters M.H.S. are embossed on the inner surface of each capsule. ERGOAPIOL (Smith) is supplied only in packages of twenty capsules each.

Dose: 1 to 2 capsules
3 or 4 times a day.

Literature on request.

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Capsule cut in
half through the
seam, showing
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Capsule intact
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FEMALE SEX HORMONE

(ALLEN-DOISY STANDARDIZATION)

Clinical experiences show the definite value of Progynon in the various ovarian dysfunctions:

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FRIGIDITY
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Progynon Tablets—the only standardized effective sex hormone preparation for oral use.

Progynon Ampules—maximum efficiency—(not reduced to the less effective crystalline state)—freedom from unpleasant reaction.

Packages of 30 and 60 tablets of 30 Allen-Doisy units each. Boxes of 12 ampules of 25 Allen-Doisy units each.

Increased quantity—lower price



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Please send full information about Progynon.

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City

State

that matter, can write unless he begins early to develop imagination. The playwright and fiction writer must live with his characters long enough for them to become real to him; he must know their loves and hates, their foibles and eccentricities, just as much as he would know his own kith and kin. When conditions are better (when?) there will be a market for good short fiction with plenty of humor and the popular appeal of the moment—also short and full-length plays—comedies.

Meanwhile, there's little chance for the person of middle age, who has been trained along other lines, to break into literary fame or fortune. The best he can hope to become is a hack writer. I have been one all my life and know a little about it.

W. T. Marrs, M.D.

Blush

TO THE EDITOR:
Allow me to congratulate Dr. Harry M. Robinson, through your magazine, for his article "I'm Still Writing," in the issue of July, 1932.

Why should not anyone write who wishes; editors do not have to read the manuscripts submitted if they do not so desire. Dr. Markey's attitude is that of the "Divine Right of Kings." Perhaps his new suit of mail is so bright that it has blinded him, and I hope later when it has become a little dull, he will look toward "amateur writers" with a little more charity and Christian feeling.

Frank J. Clancy, M.D.

LIKE A SPIDER

enmeshes a fly
in its web



EFEMIST
(HART)

enmeshes the
pollen causing

HAY FEVER

Subject it to a
clinical test!

Send for **FREE**
bottle—**NOW**

HART DRUG CORP.,
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Please send me free bottle of
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M.D.

The World's Purest Castor Oil



KELLOGG'S tasteless CASTOR OIL

Super-refined by the exclusive Kellogg Patent process, Kellogg's Tasteless is the only refinery sealed castor oil in America, and is bottled within six hours after refining.

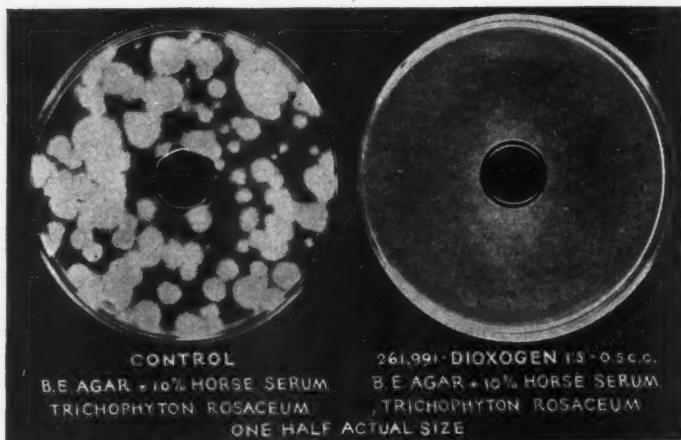
Contains no aromatics or preservatives of any kind—absolutely pure—always fresh—full strength—high quality exceeds all U.S.P. requirements.

Be sure to specify "Kellogg's Tasteless Castor Oil" in original refinery-sealed bottles.

3 oz.—25c 7 oz.—50c

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Dioxogen

An efficient and dependable antiseptic
and germicide because it
PENETRATES

Photo-print showing germicidal action of Dioxogen on Trichophyton rosaceum (the organism causing "Athletes' Foot") as determined by the Plate Cup Method of testing antiseptics.

1. The culture medium used (Beef Extract Agar and 10% horse serum) and nearest in its properties to the body tissues and fluids was inoculated with a 24 hour broth culture of Trichophyton rosaceum and then placed in 2 petri dishes and allowed to cool.
2. The antiseptic was then put in cup or hollow space formed by removal of a disc, 2 cm. in diameter, from center of dish.

3. The petri dishes were then incubated at 30° C. for 5 days.
4. The clear zone surrounding the cup shows where the germs have been destroyed and growth stopped.
5. The spotty, mottled area filling control dish shows undisturbed germ growth.
6. The distance from cup to outer edge of clear zone, measures penetrating efficiency of the antiseptic.

There was no effect on the blood serum. Both Dioxogen undiluted, and Dioxogen (1:5) (see photo) produced complete inhibition. Phenol (1:20) destroyed bacteria for a distance of only 1.6 cm. from center.

The OAKLAND CHEMICAL CO. 59 Fourth Ave., New York, N. Y.

Please send me a professional sample of Dioxogen, with literature.

Dr.

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Follow-up System

[FROM PAGE 26] be adopted by the profession at large. My first great concern was "how can I afford to take on a secretary?" Within a very short time I found that the secretary was soon "paying for herself" by the number of patients who returned to the office following these letters.

The general comments of patients receiving these cards and letters are worthy of note. Some say, "I'm glad you sent me that letter because I've been wanting to come for weeks, but always found another excuse for not coming; when I received your note with a specific time I made it my business to get here."

Others say, "I'm sold on this idea of periodic health examinations and glad you sent for me."

Many were happy to see that I was sufficiently interested in their case to write to them. Furthermore, I have heard no adverse criticism either directly or indirectly, nor did anyone express the thought that I was "trying to ring in an extra visit."

I believe the point of specifying a definite time is likewise of psychological value, for many patients would call stating that they had received my letter, but the appointed time was inconvenient for them and could they please come at such and such a time instead. The patients seem to respect the business-like efficiency rather than criticize it.

The application of the hospital follow-up system to my private practice is putting into effect what we have been preaching about periodic health examinations. I feel that if it were universally adopted by the profession at large, it would act as a great factor in helping to stem the great rush of the public to the free clinics.

This article appeared originally in "The Health Examiner," June, 1932.



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attempting to restore its normal condition, is conceded by authorities. Dr. Ballenger says "a perfectly healthy nasal mucous membrane on a normally placed bony framework is not often affected by hay fever." (*Diseases of the Nose, Throat and Ear*, 6th ed., 1930, p. 661.)



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